

# Drs K Conod, S Caddy & S Garsed

## Quality 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

Are services safe?

**Good**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 7 October 2014. We found the practice was in breach of legal requirements. The breaches related to regulation 9 (Care and welfare) and 13 (Management of medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to regulation 12 (Safe care and treatment) and regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

We undertook this focused inspection on 30 September 2015 to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Drs K Conod, S Caddy & S Garsed on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns such as safeguarding, and to report incidents, including significant events.

- Systems were in place to ensure the safe storage of vaccinations and patient samples.
- Infection control procedures were in place but systems to monitor and maintain standards should be improved.
- Emergency medicines and medical equipment were managed safely and staff were aware of their roles in the event of a medical emergency.
- Non clinical staff did not have a disclosure and barring service (DBS) check or risk assessment in place to determine if a DBS check was required.
- There were plans in place to ensure the practice could still operate in the event of a major incident and staff we spoke with were aware of the plans.

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should:

- Risk assess staff who do not have a disclosure and barring service (DBS) check in place.
- Develop robust system to monitor and maintain standards of cleanliness within the general environment and ensure all actions from the recent infection control audit are completed including infection control training for all staff.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing safe services. There were arrangements in place to share significant events and incidents with staff to ensure learning and reflection. Staff were aware of their role and responsibilities in relation to safeguarding children and vulnerable adults.

Systems were in place to ensure the safe storage of vaccinations and patient samples. There was evidence to demonstrate that checks had been undertaken on emergency medical equipment. Staff had received training in responding to a medical emergency and were aware of their roles. Fire extinguishers had been checked to ensure they were in good working order.

There were plans in place to ensure the practice could still operate in the event of a major incident and staff we spoke with were aware of the plans.

Infection control procedures were in place however, some areas of the environment were not visibly clean and needed further attention.

Non clinical staff did not have a disclosure and barring service (DBS) check or risk assessment in place to determine if a DBS check was required.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Risk assess staff who do not have a disclosure and barring service (DBS) check in place.
- Develop robust system to monitor and maintain standards of cleanliness within the general environment and ensure all actions from the recent infection control audit are completed including infection control training for all staff.

# Drs K Conod, S Caddy & S Garsed

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a practice manager specialist advisor.

## Background to Drs K Conod, S Caddy & S Garsed

Drs K Conod, S Caddy & S Garsed, also known as The Limes Medical Centre, is part of Walsall Clinical Commissioning Group (CCG) area which has 63 practices.

There are five GPs (two male and three female). In addition, there are two practice nurses, a practice manager, and a team of administrative staff.

There are approximately 6800 patients registered with the practice. The practice has a higher proportion of patients aged over 65 and a lower proportion of patients under the age of 40 compared to the national average.

The practice has a General Medical Service contract (GMS) with NHS England. The practice also provides some enhanced services. An enhanced service is a service that is provided above the standard GMS contract.

The practice opening times are from 7.30am until 6 pm Mondays to Thursdays and 7.30am until 12 noon Friday. Cover for primary healthcare on Friday afternoon was available to patients and details of how to access this were available on the practice answer phone. The practice had opted out of providing out-of-hours services to their own patients. This service was provided by an external out of hours service 'BADGER' contracted by the CCG.

## Why we carried out this inspection

We undertook an announced focused inspection of Drs K Conod, S Caddy & S Garsed on 30 September 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 7 October 2014 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe. This is because the service was not meeting some legal requirements.

# Are services safe?

## Our findings

### Safe track record

During this inspection the staff we spoke with were aware of the process for reporting significant events, incidents and accidents. They told us that they would report them to the practice manager and these would be documented on specific forms. A member of non clinical staff provided an example of a significant event that they had raised which was discussed with staff.

We saw that clinical meetings took place two weekly and these were minuted. Clinical meetings were not attended by non clinical staff. However, the practice manager and a GP partner had weekly meetings where significant events were shared, and these were then disseminated to all staff as memo's or during staff meetings. There had only been two practice meetings this year that had included all staff, although non clinical staff had monthly meetings with the practice manager. We saw evidence of significant events that had been recorded which included an analysis of the event. However, the records did not clearly demonstrate how relevant learning was shared with staff. For example, when a memo had been sent to staff or dates of meetings where information had been shared. We discussed this with a GP partner and the practice manager who told us that this would be improved.

### Learning and improvement from safety incidents

During this inspection we found that although all staff did not attend clinical meetings there were systems in place for the practice manager to share information with staff. However, records completed for significant events did not provide a clear audit trail to demonstrate how relevant learning was shared with staff.

### Reliable safety systems and processes including safeguarding

During this inspection staff spoken with were aware of the safeguarding policies and knew how to access them. Although the policy did not include contact numbers for safeguarding referral and advice, these were accessible to staff and were displayed in clinical rooms, the office and in the telephone directory. Staff spoken with provided examples of when they had contacted relevant agencies to make a referral following concerns identified.

During this inspection we saw evidence that clinical staff had completed training in safeguarding children and

vulnerable adults relevant to their role and responsibility. Non clinical staff had also completed training in safeguarding children and vulnerable adults although there were no certificates for adult safeguarding training. The practice manager told us that this was because the training had been incorporated as part of the childrens safeguarding training and separate certificates had not been issued. Staff spoken with confirmed that they had received safeguarding vulnerable adults training within the last year.

At our last inspection a member of non clinical staff told us they had acted as a chaperone on one occasion but not received appropriate training. In the absence of training the practice was unable to demonstrate that all staff had the necessary knowledge and understanding to undertake this role. During this inspection the manager told us that only clinical staff acted as chaperones as there was always sufficient clinical staff on duty to undertake the role. Non clinical did not undertake this role and this was confirmed by staff spoken with.

### Medicines management

There were two pharmaceutical fridges, one was used to store vaccines and the other to store patient samples. There was evidence that regular checks of the fridge temperatures were undertaken and recorded to provide assurance that vaccines and patient samples were stored within the correct temperature ranges. The practice had updated its cold chain policy to provide clear guidance to staff.

### Cleanliness and infection control

During this inspection we saw that an infection control audit had been completed by a NHS trust commissioned by NHS England in July 2015. A further action plan had been developed as a result of the audit. The practice had completed eight out of the 12 actions identified and the remaining had a due date of November 2015, this included training for staff. We saw that clinical staff had been booked on training for November 2015 however, there were no confirmed dates for non clinical staff.

During this inspection we spoke with 10 patients they all told us that they found the practice to be clean and they had no concerns about infection control. We saw that the practice had employed an additional domestic cleaner to undertake general cleaning of the environment on a two weekly basis. There were cleaning schedules for domestic staff however, these had not been completed

## Are services safe?

appropriately. The practice manager confirmed that signatures would be requested to provide confirmation of cleaning undertaken. We saw that areas of the nurses room that were visibly unclean at the last inspection had been addressed, this included the oxygen cylinders. There were daily and monthly cleaning schedules in place in each clinical room to ensure cleaning standards for the general environment and medical equipment were monitored and maintained consistently. However, we saw that some areas of the environment were not visibly clean and needed further attention. The practice manager told us that they would ensure that identified areas would be included in the cleaning schedules. There were no sanitary bins in either patient or staff toilets. The practice manager and a GP partner undertook spot checks of the cleanliness of the clinical rooms however, these checks did not include the general environment and were not recorded.

### Equipment

During this inspection we saw that emergency medicines and equipment such as the defibrillator, oxygen masks and tubing were in date and regular checks were undertaken and recorded on a checklist to ensure they were safe and effective to use in a medical emergency. There were two oxygen cylinders but these was not included in the check list. However, staff told us that both oxygen cylinders were checked alongside the emergency medicines and we saw that both cylinders were in date. Staff told us that these would now be included in the checklist to provide assurance that checks were being done consistently.

During this inspection we saw that a comprehensive risk assessment had been undertaken by an external contactor and all fire extinguishers had been checked within the last year to ensure they were in good working order.

### Staffing and recruitment

At our last inspection we found that a Disclosure and Barring Service (DBS) check had been completed for

clinical staff only. The Disclosure and Barring Service (DBS) check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. DBS checks for administration staff may not be required if a risk assessments is completed covering the scope of their role; this would include the requirement to act as a chaperone. During this inspection the manager told us that only clinical staff acted as chaperones as there was always sufficient clinical staff on duty to undertake the role. Non clinical did not undertake this role and this was confirmed by staff spoken with. However, there was no documented risk assessment in place to determine if a DBS was required based on the scope of their role.

### Monitoring safety and responding to risk

During this inspection we found that emergency equipment including the defibrillator and oxygen were in date. Staff told us that they had received training in responding to a medical emergency and further training was planned, we saw training certificates to support this. Staff spoken with were aware of their role in responding to a medical emergency and knew the location of the emergency medicines and equipment. Non clinical staff had received training in children and adult safeguarding. We saw that fire extinguishers had been checked to ensure they were in a good working order.

### Arrangements to deal with emergencies and major incidents

The practice manager told us that the business continuity plan which could be referred to in the event of a major incident was discussed with staff informally. Staff spoken with were aware of the plan and told us that they could access it on the computer, the plan could also be accessed remotely if needed.