

# York House Medical Centre

## 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

### Overall rating for this service

Good



Are services safe?

Good



Are services responsive to people's needs?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at York House Medical Centre on 7 July 2016. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for the provision of safe and responsive services. The practice was rated good for providing effective, caring and well-led services. The concerns identified as requiring improvement affected all patients and all population groups were also rated as requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for York House Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 23 August 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 July 2016.

This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good. However, provision of responsive services remains rated as requires improvement.

Our key findings were as follows:

- The process for reporting significant events had improved to include an online reporting form. Sharing of learning from significant events had expanded to include the practice nurses and salaried GPs. However, not all events were shared with the non-clinical staff.
- Legionella risk assessments had been carried out. Monitoring of water temperatures was carried out as a result of the assessment to reduce the risk of waterborne infections.
- Actions had been taken arising from the fire risk assessment. For example, we saw fire drills were undertaken and recorded.
- Monitoring of medicine fridge temperatures was undertaken consistently to ensure medicines requiring refrigeration were maintained within appropriate temperature ranges.
- All relevant pre-employment checks were being carried out before new staff joined the practice.

# Summary of findings

- There was a system in place to ensure blank prescriptions were stored and distributed for use in a secure manner.
- Minutes of staff meetings were recorded consistently and made available to staff via the practice computer network.
- Mandatory training had been completed by all staff. There was system in place to ensure training was completed at relevant intervals and training was available through a variety of sources.
- Feedback from patients taking part in the national patient survey in regard to accessing services was below average. The practice had not undertaken a review of the appointments system to review availability against demand.

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

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Review the dissemination of learning from significant events to the wider practice team.
- Review the range of medicines held to deal with medical emergencies and consider the needs of all registered patients who may encounter a medical emergency.

At our previous inspection on 7 July 2016, we rated the practice as requires improvement for providing responsive services as feedback from patients in regard to access to appointments was below average. At this inspection we found that feedback from patients remained below average. The actions taken by the provider to address this were in the process of implementation and it was too early to evaluate whether these would result in improved patient feedback. Consequently, the practice is still rated as requires improvement for providing responsive services.

**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 had taken appropriate action and is now rated as good for the provision of safe services. Our last inspection in July 2016 identified concerns relating to how the practice managed and monitored risks. At that time most risks to patients were assessed and managed, with the exception of: completing relevant actions identified in risk assessments, completing all relevant pre-employment checks, maintaining blank prescriptions securely and consistently monitoring temperatures of medicine fridges.

During the inspection on 23 August 2017 we found:

- Actions arising from fire and legionella risk assessments had been completed and documented.
- The temperatures of medicine fridges were monitored consistently with temperatures recorded on a daily basis. Staff understood their responsibilities in maintaining medicines at safe temperatures and the cold chain policy had been updated.
- All relevant pre-employment checks had been completed for staff.
- There was an appropriate system in place to keep blank prescriptions secure and monitor their use.
- Equipment and medicines required to deal with a medical emergency were held at both practice sites. However, the practice had not undertaken a risk assessment to determine whether medicine to deal with an overdose of opiates was required within the emergency medicines stock.
- There was an updated system in place to share learning from significant events with the wider clinical team. However, sharing of learning was not always operated consistently with the administration and reception team.

Good



### Are services responsive to people's needs?

At the inspection in July 2016 we found the practice did not have effective systems in place to act upon patient feedback. Whilst the practice had implemented changes to the clinical staffing levels they had not completed the actions they set out in their action plan supplied following the July 2016 inspection.

Feedback from patients remained below average and it was too early to evaluate the effect of changes on the availability of pre-bookable appointments. The practice remains rated as requires improvement for provision of responsive services.

Requires improvement



# Summary of findings

- Feedback from patients taking part in the national patients survey (published in July 2017) was below average in response to six questions relating to access to appointments.
- An additional salaried GP had been appointed and a practice nurse had qualified as an independent prescriber. It was too early to evaluate whether these developments would improve access to appointments.
- The practice had not completed the review of appointment systems identified in the action plan submitted following the inspection undertaken in July 2016.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the breaches of regulation for safety identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the breaches of regulation for safety identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the breaches of regulation for safety identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the breaches of regulation for safety identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the breaches of regulation for safety identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the breaches of regulation for safety identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# York House Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was carried out by a Lead CQC Inspector.

## Background to York House Medical Centre

York House Medical Centre (also known as Goldsworth Medical Practice) is based in two purpose built two storey health centres. Both are shared with other GP practices. The two premises are also used for the purpose of holding community clinics and providing a community pharmacy. There are treatment and consulting rooms on both floors at York House Medical Centre whilst all consulting and treatment rooms are on the ground floor at Goldsworth Park Health Centre. The waiting rooms at both sites are shared with patients of the other GP practices. Goldsworth Park Health Centre is identified as a branch site within the registration of the practice.

At the time of our inspection there were approximately 12,600 patients on the practice list. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. A GMS contract is one between the practice and NHS England and the practice where elements of the contract such as opening times are standardised. Deprivation amongst children and older people is low when compared to the national population averages. The age profile of the registered patients is similar to the national average with a slightly higher than average number of patients aged between 35 and 39 years old.

The practice has five GP partners (one male and four female) and three salaried GPs (both female) who are

supported by five nurses, one health care assistant and a phlebotomist. There is also a practice manager and deputy practice manager and a team of reception and administration staff. The practice is open from 8am to 6.30pm Monday to Friday. The practice does not offer any extended hours clinics.

Patients requiring a GP outside of normal hours are advised to call the NHS 111

service or 999 for medical emergencies.

Services are provided from the following locations:

York House Medical Centre

Heathside Road

Woking

Surrey

GU22 7XL

Goldsworth Park Health Centre

Denton Way

Woking

Surrey

GU21 3LQ

Both sites were visited during this inspection.

## Why we carried out this inspection

We undertook a comprehensive inspection of York House Medical Centre on 7 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement.

# Detailed findings

The full comprehensive report following the inspection of July 2016 can be found by selecting the 'all reports' link for York House Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of York House Medical Centre on 23 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with two practice nurses, two members of the administration team, a GP and met with the practice manager.
- Met with a member of the patient participation group (PPG).
- Visited all practice locations
- Reviewed information the practice used to manage the service and mitigate risk.

Please note that when referring to information throughout this report, for example any reference to the GP National Patient Survey, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

At our previous inspection on 7 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements were not adequate in respect of:

- Sharing learning from significant events
- Consistently managing risks and acting upon risk assessments
- Carrying out appropriate pre-employment checks
- Managing medicines

These arrangements had improved when we undertook a follow up inspection on 23 August 2017.

The practice is now rated as good for providing safe services.

### Safe track record and learning

The practice had amended and adapted their meeting structures to ensure learning from significant events was shared more widely within the practice. Salaried GPs and the practice nurses attended practice meetings every six weeks when significant event reports were reviewed. The recording system had been updated to give staff access to a reporting form on a shared computer folder. Once completed the form was forwarded to the practice manager for discussion with GP partners and used to base decisions on actions to reduce the risk of recurrence. Nursing staff we spoke with were able to recognise significant events and told us of events that had been raised by them for reflection and learning. The minutes of meetings we reviewed showed that significant events were a standing item at clinical team meetings.

However, we noted that the learning from events was not extended to the administration and reception team unless the event was directly relevant to their role. We discussed this with the practice and they confirmed they would take action to widen the sharing of learning to all staff

### Overview of safety systems and process

The practice had introduced a revised procedure for monitoring the fridges used to hold vaccines and other medicines that required refrigeration.

- Fridge temperatures were recorded twice a day. Staff monitored the fridge temperatures to ensure they remained within the appropriate temperature range to keep medicines safe and fit for use.

- The practice held a cold chain policy and procedure (the cold chain maintains medicines that require refrigeration at appropriate temperatures). This policy had been update in early 2017 to ensure it reflected local arrangements.
- Staff were confident in their understanding of the cold chain procedure and knew what to do if fridge temperatures fell outside of the appropriate temperature range.

We reviewed five personnel records for staff that had been recruited since the last inspection of July 2016. All five files held relevant an appropriate documentation to confirm that the scheduled range of pre-employment checks had been undertaken. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).The practice had updated their recruitment policy and procedure to ensure they completed the full range of checks.

### Monitoring risks to patients

A relevant fire risk assessment had been completed at both practice sites. The assessment for York House Medical Centre identified actions required to reduce the risk of fire. We noted that the practice had completed the actions identified in the risk assessment. Such as commissioning a fixed wiring test, to ensure electrical systems were safe to use, in December 2016.

- Records showed that fire alarm systems were serviced regularly. Firefighting equipment was serviced.
- Appropriate signs were displayed to advise patients and staff what to do in event of a fire.
- Fire drills were undertaken and recorded.

Legionella risk assessments had been undertaken at both practice sites. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment set out the actions the practice needed to carry out to reduce risk associated with waterborne infection.

## Are services safe?

- Hot and cold water temperatures were checked and recorded on a monthly schedule. The records showed that water temperatures achieved were within the appropriate ranges.
- Remedial works to replace taps in clinical rooms at York House Medical Centre had been completed.
- Signs had been installed, where relevant, to ensure patients were aware that the cold water was not suitable to drink.

### **Arrangements to deal with emergencies and major incidents**

The practice held appropriate emergency equipment at both locations. This included automated external defibrillators and emergency oxygen. Stocks of medicines were held at both practice locations. These medicines were also checked and a record kept to ensure they remained in

date and fit for use. Our checks of these medicines showed they were all within expiry date. Staff knew where the emergency medicines and equipment were held and how to access them.

However, our check of the emergency medicines held showed that the practice did not keep a medicine that would be used to deal with an overdose of opiates. There was no evidence of a risk assessment to identify whether this medicine should be held in the emergency stock.

Basic life support training had been completed for all staff. There was a reminder system in place to ensure staff completed this training at appropriate intervals. Training in fire evacuation and fire safety awareness had been completed for all staff and fire safety was a topic on the practice induction programme. All staff had read and signed the practice fire risk assessment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 7 July 2016, we rated the practice as requires improvement for providing responsive services as responding to patient feedback in regard to providing appropriate access to appointments needed improving.

The feedback from patients relating to accessing appointments showed limited improvement when we undertook a follow up inspection on 23 August 2017. The practice remains rated as requires improvement for providing responsive services.

### Access to the service

The national patient survey data was published in July 2017. The survey was undertaken between January and March 2017. At that time the survey was sent to 264 of the patients registered with the practice. A total of 124 survey forms were returned which equated to 1% of the registered population. Feedback to questions relating to accessing appointments at the practice was below national and local averages. For example;

- 62% of patients were satisfied with the practice opening hours compared to the CCG average of 71% and national average of 76%. (A practice improvement of 7% from the July 2016 feedback).
- 59% of patients said it was easy to get through to the practice by phone compared to the CCG average of 69% and national average of 71%. (A practice improvement of 3% from the July 2016 feedback).
- 76% of patients said they were able to see or speak to someone last time they tried compare to the CCG and National average of 84%.
- 41% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 53% and national average of 56%.
- 66% of patients said the last appointment they got was convenient compared to the CCG average of 79% and national average of 81%.
- 55% of patients said their experience of making an appointment was good which was below the CCG average of 70% and national average of 73%.

We noted that the survey period coincided with a change in clinical personnel. A senior nurse had left the practice in early 2017 and the practice had decided to replace this member of staff with a salaried GP. Whilst the practice had commenced their recruitment campaign in March 2017 the new salaried GP did not commence work until 21 August 2017. The number of appointments offered by the practice had been reduced at the time of the survey and did not increase until the appointment of the salaried GP.

Since publication of the survey data an additional salaried GP had been appointed thus adding a further 99 appointments each week. One of the practice nurses had completed their nurse prescriber course which would enable them to offer a wider range of services to patients presenting with minor illnesses. It was too early to evaluate whether these developments would influence patient feedback in a positive way.

The practice remained below average for patient feedback in all six questions relating to access to appointments. Following the last inspection in July 2016 the practice sent CQC an action plan that included undertaking a review of the appointments system in conjunction with the patient participation group (PPG). This review had not been completed. However, the practice had installed an additional incoming telephone line to increase the volume of calls that could be taken from patients seeking to book appointments.

The practice had ceased to offer extended hours appointments since the previous inspection was undertaken in July 2016. Our review of the practice appointment data, on the day of inspection, showed that the next routine pre-bookable appointment with a GP was not available until the week commencing 25 September 2017. Following inspection the practice sent us an updated action plan that identified a timetable to undertake a review of the appointment system. The plan also showed that the role of the nurse prescriber would be expanded during September 2016 to include more opportunities to assess patients need for appointments and offer advice and treatment on the day the patient called for an appointment.

## 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	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b> The systems and processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services were not operated consistently. In particular:</p> <ul style="list-style-type: none"><li>• Feedback from patients in regard to accessing appointments had not been addressed in accordance with the practice action plan provided following inspection in July 2016.</li><li>• Feedback from the 2017 national patient survey was below national averages for six aspects of access to appointments and advice. The practice did not have plans in place to address this feedback.</li></ul> <p>The practice was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>