

# Dr Webb and Partners

## Inspection report

Ilkeston Health 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

Requires improvement



Are services safe?

Requires improvement



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 Dr Webb & Partners on 13 January 2020 as part of our inspection programme.

Dr Webb & Partners received a previous CQC inspection in February 2019. At that inspection, it received a rating of requires improvement for providing safe and well-led services and this led to an overall rating of requires improvement. The practice was rated as good for effective, caring and responsive services and for all the population groups.

We rated the practice as requires improvement for safe and well-led services at the 2019 inspection because:

- The practice did not have effective systems in place for the safe management of health and safety including an active process to identify and control areas of risk.
- Evidence of safe staff recruitment procedures required strengthening. Annual checks of clinicians' professional registrations could not be evidenced.
- The outcomes of safety alerts did not provide clear evidence of the follow-up actions taken by the practice to keep patients safe.
- The practice's governance arrangements required improvement. For example, the provider was not always able to demonstrate their compliance with regulations in relation to site management issues.

The practice was rated as good for providing effective, caring and responsive services. The full comprehensive report (published March 2019) for this inspection can be found by selecting the 'all reports' link for Dr Webb & Partners on our website at

At this inspection on 13 January 2020, we found that the provider had addressed some of the previously identified concerns, but some concerns were identified in respect of the practice leadership demonstrating compliance with our fundamental standards. This was because further assurances were required in relation to the provision of safe care, and some systems required strengthening with greater managerial and clinical oversight.

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 requires improvement overall. The services was rated requires improvement for providing safe and well-led services, but rated as good for providing effective, caring and responsive services. All population groups have been rated as good.**

We found that:

- 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.

We rated the practice as **requires improvement** for providing safe services because:

- The practice did not have effective systems in place for the safe management of health and safety including an active process to identify and control areas of risk.
- The practice could not provide their own evidence of progress against action plans further to fire and Legionella risk assessments.
- A range of medicines management issues were identified including out of date medicines in a doctor's bag; there was not a unified safe process to monitor blank prescription stationery; the monitoring of high-risk medicines required strengthening; Patient Group Directions had not all being appropriately signed; the availability of risk assessments to cover recommended emergency medicines which were not held by the practice were not available; and documented evidence to review non-medical prescribing was not available on the day of the inspection.

We rated the practice as **requires improvement** for providing **well-led services** because:

- Site management responsibilities indicated a lack of ownership for site-related matters following assessment – for example, oversight of action plans relating to fire, Legionella and health and safety.

# Overall summary

- The oversight of some practice systems was not always sufficiently robust. This included the response to the findings of clinical audits, and the use of risk assessment processes to minimise and control identified risk areas.
- Annual appraisals were overdue for non-clinical staff at the time of our inspection.
- In addition, we found that leaders were not always receptive to the requirements needed to provide assurance as part of their registration with the CQC.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way (Please see the specific details on action required at the end of this report).

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please see the specific details on action required at the end of this report).

In addition, the provider **should**:

- Ensure staff training records are kept updated and accessible.
- Store unused vaccines in their original packaging when returned to the practice vaccine refrigerator.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a nurse specialist adviser.

## Background to Dr Webb and Partners

Dr Webb & Partners is registered with the Care Quality Commission as a partnership of two GPs. It is registered to carry out the following regulated activities - diagnostic and screening procedures, family planning, maternity and midwifery services, family planning, surgical procedures, and the treatment of disease, disorder or injury.

The practice has a contract with NHS Derby and Derbyshire Clinical Commissioning Group (CCG) to provide General Medical Services (GMS) and offers a range of local enhanced services.

Dr Webb & Partners is situated in the town of Ilkeston in Derbyshire. It is placed within a health centre which hosts some community based health services and another GP practice. The practice has been based in the current premises since 1981 but was relocated within the building during an extensive refurbishment in 2013.

The practice has approximately 3,550 registered patients. The age profile demonstrates a higher proportion of older patients compared to local and national averages. For example, the percentage of people in the 65+ year age group at 24.3% is above the CCG average of 20.5%, and the national average of 17.3%.

The general practice profile shows that 55.8% of patients registered at the practice have a long-standing health condition, compared to 54.1% locally and 51.2% nationally.

The practice scored four on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. The indicator for income deprivation affecting children at 23.9% is higher than the local average of 17.1%. People living in more deprived areas tend to have greater need for health services.

The National General Practice Profile describes the practice ethnicity as being predominantly white at 98.2% of the registered patients, 0.8% mixed race, 0.7% Asian, 0.2% black, and 0.1% other race.

There are two female GP partners working at the practice and one male salaried GP. The nursing team consists of a nurse practitioner and a practice nurse, supported by a health care assistant and a trainee health care assistant.

The non-clinical team is led by a business manager and a practice manager with a team of seven administrative and secretarial staff.

Medical and nursing students undertake placements at the practice.

The practice opens from 8am until 6.30pm Monday to Friday. Patients can obtain late weekday appointments between 6pm-8pm, and weekend appointments on a Saturday and Sunday mornings and bank holidays, via a local extended access to GP services scheme. These appointments are available at either Ilkeston Community Hospital or Long Eaton Health Centre.

The surgery closes for one afternoon per month on most months of the year for staff training.

When the practice is closed, out of hours cover for emergencies is provided by Derbyshire Health United (DHU). Patients also have access to a local minor injuries unit.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>We found that the provider was not providing care and treatment in a safe way to ensure compliance with the requirement in</b></p> <p><b>regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities)</b></p> <p><b>Regulations 2014.</b></p> <ul style="list-style-type: none"><li>• The practice could not provide their own evidence of progress against action plans further to fire and Legionella risk assessments.</li><li>• A range of medicines management issues were identified as concerns. This included out of date medicines in a doctor's bag, a single safe process to monitor blank prescription stationery, the monitoring of high-risk medicines, Patient Group Directions not being appropriately signed, the availability of a risk assessment to cover recommended emergency medicines which was not held by the practice, and documented evidence to review non-medical prescribing.</li></ul> <p><b>Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p>

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><b>We found that the provider was not ensuring that systems and processes are</b></p> <p><b>established and operated effectively to ensure compliance with the requirement in</b></p>

This section is primarily information for the provider

## Requirement notices

regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Site management responsibilities indicated a lack of ownership for site-related matters. The practice must be able to demonstrate the effective oversight of action plans relating to fire, Legionella, health and safety and all associated site matters.

**The oversight of systems required strengthening such as:**

- the checks for medicines carried in doctors' bags.
- the internal distribution and security of prescription stationery
- evidence of effective actions being taken, and their further review in response to any adverse findings from clinical audits (e.g. the monitoring of high risk medicines)
- annual staff appraisals being completed

**Practice leaders needed to consolidate their understanding and commitment on the requirements to demonstrate compliance.**

Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014