

Watling Vale Medical Centre

Inspection report

Burchard Crescent,
Shenley Church End,
Milton Keynes
Buckinghamshire
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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 

Overall summary

We carried out an announced comprehensive inspection at Watling Vale Medical Centre on 12 March 2019. The overall rating for the practice was good with the practice rated as requires improvement for being safe.

From the inspection on 12 March 2019, the practice was told they must:

- Ensure care and treatment is provided in a safe way to patients.

In addition, the practice was told they should:

- Monitor completion of staff training to ensure all staff are up to date in accordance with practice designated timeframes. Provide adequate supplementary training where required to support staff employed.
- Appoint and train a fire marshal.
- Monitor completion of cleaning schedules to support appropriate infection prevention and control (IPC) standards.
- Routinely review processes for monitoring uncollected prescriptions to ensure practice protocols are being followed.
- Continue to monitor the recently expanded system for receiving safety alerts to ensure all appropriate alerts are received and actioned.
- Routinely review exception reporting data to support accurate patient record keeping.
- Assess risks to patient confidentiality between consulting rooms and complete identified actions to ensure the privacy and dignity of patients is maintained.
- Continue to identify and support carers within the local population.
- Include information on the practice website on local support groups for patients.
- Continue with efforts to improve access to appointments and the telephone system.

The full comprehensive report on the inspection carried out in 2019 March can be found by selecting the 'all reports' link for Watling Vale Medical Centre on our website at .

This inspection was an announced focused inspection undertaken on 19 November 2019 as part of our inspection programme to follow up on concerns identified at our previous inspection.

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.

We found that:

- When incidents happened, the practice learned from them and improved their processes. In particular, improvements had been made to the management of staff training and IPC, following gaps identified during our previous inspection.
- Systems for managing uncollected prescriptions had been strengthened.
- The practice recognised additional work was needed to strengthen the system for managing safety alerts. In particular, to ensure information on actions taken was shared with appropriate members of the team and that records were maintained.
- Improvements were demonstrated in the practice's exception reporting data. Exception reporting for patients with asthma, COPD and diabetes had decreased according to the most recent Quality and Outcomes Framework (QoF) data.
- Patient confidentiality at the practice had been improved through the removal of a sliding doorway between clinical rooms.
- The practice was working to support and identify carers within the population. There were 175 registered carers at the time of our inspection. The practice was providing further information to carers on organisations able to offer additional support and information to carers and their dependents. Information was also available on the practice website.
- Information on local support groups available to patients had not been added to the practice website, however, additional information had been made available within the practice. The practice had installed television screens in the patient waiting areas and utilised these to provide an array of valuable information to patients.
- The practice was making continued efforts to improve patient satisfaction as highlighted in the national GP patient survey. There had been slight improvements in the practice's performance in the most recent patient survey. For example, satisfaction with the overall patient

Overall summary

experience had improved from 57.4% to 58.7% in the most recent survey data (01/01/2019 to 31/03/2019). However, at the time of our previous inspection 52.3% of patients were satisfied with access to the practice via the telephone, this had decreased to 46.9%. The practice advised it was in the process of investigating a new telephone system in collaboration with its Primary Care Network (PCN). In addition, the practice had recruited more staff since July 2019 to increase the number of staff answering the telephones. To further improve access, the practice had introduced early morning appointments from 7am, twice weekly.

- All staff had been subject to testing of their immunity status in line with Public Health England Guidance for the majority of diseases. Those requiring additional vaccinations had received them. However, the practice was still to complete testing for diphtheria, polio and tetanus immunity.
- The practice team displayed a willingness to learn and improve.

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

- Ensure actions taken in response to safety alerts are shared with all suitable staff and records are accurately maintained. Develop systems to facilitate appropriate actions are taken by relevant staff in response to safety and records are accurately maintained.
- Complete all outstanding tests to provide assurance on staff immunity in line with PHE guidance and the practice's policy.
- Continue with efforts to improve patient satisfaction with particular regard to the areas highlighted in the results of the national GP patient survey as being in need of improvement.

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 | 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

This inspection was undertaken by a CQC inspector.

Background to Watling Vale Medical Centre

Watling Vale Medical Centre provides a range of primary medical services, including minor surgical procedures, from its location at Burchard Crescent, Shenley Church End, Milton Keynes. It serves patients who live in the Shenley Church End, Shenley Lodge, Shenley Brook End, Loughton & Crownhill areas. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice serves a population of approximately 13,100 patients with slightly higher than average populations of males and females aged 0 to 18 years. There are slightly lower than national average populations of patients aged over 65 years. The practice population is largely White British, with 25% of the practice population being from Black and Minority Ethnicity backgrounds. The practice has a large working age population. Information published by Public Health England, rates the level of deprivation within the practice population group as nine on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice has four GPs partners (one male and three female) and two salaried GPs (both male). There are four practice nurses who are supported by three health care

assistants. In addition, the practice employs two physiotherapists and a pharmacist. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice operates from two storey premises. Patient consultations and treatments take place on the ground floor. The first floor is mainly used by administrative staff. There is time limited car parking outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre-bookable appointments. In addition, appointments are available from 7am on Wednesdays and Fridays. When the practice is closed services are provided via the 111 service. Information about this is available in the practice and on the practice website and telephone line.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.