

# Worden 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 well-led?		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 at Worden Medical Practice on 21 November 2016. The overall rating for the practice was requires improvement with the key questions of safe and well-led rated as requires improvement. The full comprehensive report on the November 2016 inspection can be found on our website at

<http://www.cqc.org.uk/location/1-544128956>

This inspection was an announced focused inspection carried out on 23 August 2017. This was 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 21 November 2016. This report covers our findings in relation to those requirements.

Overall the practice is now rated as good.

Our key findings were as follows:

- At our inspection in November 2016 we found that although the practice had protocols and procedures to safeguard patients from abuse, these were not

sufficient to keep patients safe. At this inspection we saw that comprehensive, effective safeguarding procedures had been introduced. These procedures had been agreed with the local safeguarding team.

- Our previous inspection in November 2016 identified that not all staff who were acting as chaperones had been trained or risk assessed for the role. At this inspection, we saw that only staff who had been trained and risk assessed to work as chaperones were acting in this capacity.
- At our previous inspection we saw that there had been no infection prevention and control (IPC) audit carried out for the practice and we recommended that the IPC lead receive training for the role. We saw at this inspection that a comprehensive IPC audit had been carried out and an action plan had been documented which was being addressed. Other spot-check audits were also ongoing. We saw that the IPC lead was booked to attend training to further support the role.
- In November 2016, we found that patient vaccines and samples were sometimes being stored in the same fridge in reception and that the temperature of this fridge was not always monitored daily. At this

# Summary of findings

inspection, we saw that this was no longer the case; temperatures were checked and recorded every working day and staff told us how they separated vaccines and patient samples in different fridges.

- At our last inspection, we found that the oxygen cylinder that was with the emergency medicines and equipment was out of date. At this inspection, we saw evidence of a log of checks on the oxygen cylinders in the practice that included a record of the expiry dates for both the oxygen cylinders and the adult and children's masks for use with the oxygen.
- In November 2016, we found that there was a lack of risk assessment for assessing, monitoring and mitigating risks relating to the health and safety of service users and staff. At this inspection, the practice showed us comprehensive risk assessments for the premises which identified actions which had been addressed or were planned for completion.
- Our previous inspection identified that blank prescriptions were left in printers in the practice when non-practice staff were using the rooms. We found at this inspection that a new procedure had been introduced to lock these prescriptions away securely when practice staff finished their work.
- In November 2016 we saw that not all practice clinical audits were well-documented and there was evidence

of discrepancies in reported results. We recommended that audit documentation was improved for all audits. We were shown two completed audits carried out since our last inspection that were well-documented.

- During our inspection in November 2016, we recommended a review of the Patient Specific Direction (PSD) for staff administering vitamin B12 so that all information was accurately recorded. We found at this inspection that the practice had produced a new pathway for this PSD and amended the template on the computerised patient record to ensure that all information was accurately documented and the correct protocol followed.
- In November 2016, we recommended that the practice review procedures for identifying patients who were also carers. At this inspection, we saw that this process had improved. A member of reception staff was acting as a carers champion, there was a new policy and carers registration form in place, clinical staff had been reminded of the criteria for recognising a patient as a carer and the number of carers identified had increased from 0.8% of the practice list to 0.9%. This work was ongoing.

**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?

At our previous inspection, we found that the practice required improvement for providing safe services. At this inspection, we saw that improvements had been made and the practice is rated as good for providing safe services.

Good



- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. There was a new safeguarding pathway that detailed safeguarding procedures for all aspects of safeguarding. There was regular discussion of safeguarding with all staff and a new safeguarding events log in place.
- The practice procedure for patient chaperoning kept patients safe. All staff who acted as chaperones were trained for the role and had been DBS checked. (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 maintained appropriate standards of cleanliness and hygiene. They had conducted an infection prevention and control (IPC) audit and had addressed or planned to address identified actions. A programme of spot-checks for areas of IPC was also ongoing.
- The protocol for the use of the patient specific direction that allowed for the healthcare assistant to give vitamin B12 injections had been reviewed and an online template amended to ensure that the protocol was followed.
- There were detailed risk assessments in place for the practice environment and services. These included the security of loose prescriptions in practice printers. All loose prescriptions in printers were removed when staff finished work, before any other non-practice staff used the rooms.
- Staff at the practice stored refrigerated patient vaccines appropriately and separated them from patient samples in a different refrigerator. Temperatures for the fridge in reception were monitored appropriately.
- There were new, more detailed checks in place for all emergency equipment in the practice. These checks included checks on the expiry date of the oxygen that was used for medical emergencies.

# Summary of findings

## Are services well-led?

Our previous inspection in November 2016, we identified concerns with systems and processes that governed the running of the practice. We also recommended that the documentation of audit was improved. At this inspection we saw improvements in the governance framework to support good quality care had been made. The practice is rated as good for providing well-led services.

- The policies for infection prevention and control and for staff chaperoning were comprehensive and had been followed. Staff were aware of their responsibilities in relation to these.
- The practice had introduced a new audit plan and the two audits that we saw were well-documented.
- The practice had carried out risk assessments for the environment and aspects of practice services and had identified and mitigated risks where possible. Further action was planned including a refurbishment of the premises in March 2018.
- The practice had introduced and embedded a new safeguarding system for all aspects of patient safeguarding. This system ensured that all staff were aware of safeguarding concerns and that there was an open and comprehensive approach to safeguarding in the practice. A new safeguarding event log allowed for better management and discussion of safeguarding both in the practice and with other healthcare professionals.

Good



# 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 concerns for providing safe and well-led services identified at our inspection on 21 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544128956>

Good



### People with long term conditions

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 21 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544128956>

Good



### Families, children and young people

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 21 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544128956>

Good



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

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 21 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544128956>

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 21 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544128956>

Good



# Summary of findings

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

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 21 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544128956>

Good



# Worden Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector visited the practice and carried out a focused inspection.

## Background to Worden Medical Centre

Worden Medical Centre is situated in West Paddock in the Leyland area of Preston at PR25 1HR serving a mainly urban population. The building is a purpose-built health centre which has been extended. It consists of two floors and all patient facilities are located on the ground floor. The practice provides level access for patients to the building with disabled facilities available.

There is ample parking provided for patients in the practice car park and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS) with NHS England.

There are four male and two female GP partners and one male salaried GP assisted by an advanced nurse practitioner, a nurse practitioner, a community specialist practitioner, three practice nurses and one healthcare assistant. A practice manager, nurse manager, assistant manager and 17 additional administrative and reception staff also support the practice along with a medicines co-ordinator who is employed by the practice and funded by the CCG. The practice is a teaching practice for medical students and also conducts research.

The practice is open from Monday to Friday from 8am to 6.30pm (doors close at 6pm) and extended hours are offered on Saturday from 9am to 11.30am and on Sunday from 8.30am to 11.30am. Appointments are offered from 8.10am to 11.30am and from 2pm to 5.40pm on weekdays and from 9am to 11.20am on Saturdays and from 8.30am to 11.10am on Sundays. When the practice is closed, patients are able to access out of hours services offered locally by the provider GoToDoc Ltd. by telephoning 111.

The practice provides services to 12,517 patients. The practice population is generally comparable to the local and national averages with lower numbers of patients aged between 20 and 35 years of age (17%) than the national average of 21%.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is the same as the national average, 79 years, and slightly lower for females at 82 years compared to the national average of 83 years.

The practice has a lower proportion of patients experiencing a long-standing health condition than average practices (52% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is lower (55%) than the local and national average of 62% and the proportion of patients with an employment status of unemployed is 4% which is higher than the local average of 3% and lower than the national average of 5%.



# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Worden Medical Practice on 21 November 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 and requirement notices were issued in relation to safe care and treatment and good governance. The full comprehensive report following the inspection in November 2016 can be found on our website at <http://www.cqc.org.uk/location/1-544128956>

We undertook a follow up focused inspection of Worden Medical Practice 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 August 2017. During our visit we:

- Spoke with a range of staff including the nurse manager, the practice manager, the assistant practice manager and two members of the practice administration team.
- Observed how patients were being cared for in the reception area.
- Reviewed a range of practice documentation.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 21 November 2016, we rated the practice as requires improvement for providing safe services as risk management systems did not effectively ensure patients' safe care and treatment. There were insufficient safeguarding procedures in place, infection prevention and control required improvement, the management of refrigerated vaccines needed review and that there were insufficient checks made of the oxygen used for medical emergencies. We also found a lack of risk assessment for the service including for the security of loose prescriptions and for staff acting as chaperones. 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.

### Overview of safety systems and process

The practice had fully comprehensive systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- The practice had introduced a new safeguarding pathway to detail the way that all new safeguarding concerns were dealt with in the practice. This pathway was comprehensive and covered aspects of dealing with safeguarding concerns for all staff in the practice. It included a referral form that had been produced after discussion with the local safeguarding team. The pathway included how the practice dealt with requests for information from the safeguarding team to produce reports for local child protection conferences and also how to manage reports received following conferences.
- Part of the safeguarding pathway also detailed a monthly review of children who did not attend for appointments at the hospital.
- The practice had introduced a log of safeguarding alerts which detailed all safeguarding concerns and helped to inform discussions with relevant health professionals and provide a comprehensive record for internal review.
- Notices in all clinical rooms advised patients that chaperones were available if required. The practice policy named the staff who acted as chaperones. All chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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). Staff we spoke to were aware that only these named staff acted as chaperones.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse manager was the infection prevention and control (IPC) lead and had conducted an audit of IPC in the practice since our last inspection. All actions identified by the audit had been or were in the process of being addressed. We saw that the practice had arranged for additional training for the IPC lead in the management of IPC. In addition to the IPC audit, the practice had also introduced spot checks of different aspects of IPC. These checks were carried out by administrative staff unannounced over a period of one week and then aggregated for team discussion.
- Following our last inspection, the practice had assessed the risks associated with the security of loose prescriptions left in printers when staff from other services were occupying practice premises. The practice had introduced a policy to remove all prescriptions from printers when staff finished work and lock them away.
- At our last inspection, we saw that patient samples and some refrigerated vaccines were stored together in the fridge in reception, and that there were occasional missing records of temperature recording for this fridge. At this inspection, we saw that only patient samples were kept in this fridge and that records of fridge temperature recording were complete. Staff we spoke to were aware of the correct procedure for storage of patient samples and vaccines needing refrigeration.
- Following our last inspection, we recommended a review of the protocol for the use of the patient specific direction (PSD) that allowed the practice healthcare assistant to administer vitamin B12 injections. We saw that this had been done and that the template on the computerised patient record had also been amended to ensure that the protocol was followed.

### Monitoring risks to patients

The practice had responded to the recommendation at our inspection in November 2016 to produce a range of risk assessments for the surgery environment and we saw that these had been conducted and risks identified. These risks had either been mitigated or were planned for future action; the practice was planning a refurbishment in March 2018.

## Are services safe?

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

At our previous inspection, we found that one oxygen cylinder used to deal with medical emergencies was out of date and the practice replaced it immediately with another

in the practice. At this inspection, the practice showed us that they had implemented more rigorous checks of expiry dates of equipment used to deal with emergencies to ensure that this situation did not re-occur.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 21 November 2016, we rated the practice as requires improvement for providing well-led services. Systems or processes to ensure comprehensive governance had not been established in order to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and staff had not always followed practice policies. We also recommended that audit activity should be better documented.

These arrangements had improved when we undertook a follow up inspection on 23 August 2017 and the practice is now rated as good for providing well-led services.

### Governance arrangements

Aspects of the practice governance framework to support the delivery of the strategy and good quality care that we reviewed, demonstrated comprehensive management.

- We saw that the practice governance framework included policies for the management of infection prevention and control (IPC) and for staff acting as

chaperones. These policies had been embedded into practice and we saw that they had been followed. Staff we spoke to were aware of the procedures detailed by the policies.

- A programme of continuous clinical and internal review was used to monitor quality and to make improvements. The practice had introduced a new audit plan that detailed completion dates, dates for review and audit leads. We saw two audits completed since our last inspection that were documented well.
- The practice had carried out risk assessments for the environment and aspects of practice services and had identified and mitigated risks where possible. Further action was planned including a refurbishment of the premises in March 2018. The practice told us that they would conduct an annual review of risks and would also assess ad hoc if necessary.
- The practice had reviewed its safeguarding practices and procedures and had introduced a rigorous system for all aspects of adult and children safeguarding. Safeguarding was regularly discussed with all staff and policies and procedures were available to staff on the practice intranet.