

Westongrove Partnership - Wendover Health Centre

Quality Report

The 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 service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

In December 2014 we found concerns related to the management of medicines during a comprehensive inspection of Westongrove Partnership – Wendover Health Centre in Wendover, Buckinghamshire. Following the inspection the provider sent us an action plan detailing how they would improve the areas of concern. The previous inspection in December 2014 had found one breach of the regulations relating to the safe delivery of services.

We carried out a follow up inspection of Westongrove Partnership – Wendover Health Centre on 25 February 2016 to ensure these changes had been implemented and that the service was meeting the requirements of the regulations.

This follow up inspection was undertaken more than six months after the original inspection and as a result our follow up methodology would not support a re-rating. However the practice were offered the opportunity of a full comprehensive inspection which would have included a change in ratings.

The ratings for the practice have not been updated to reflect our findings however following the improvements made since our last inspection on 11 December 2014; the practice was now meeting the regulations that had previously been breached.

Specifically the practice was:

- Operating safe systems in relation to management of medicines. This included appropriate arrangements in place for obtaining, recording, handling, using, storing and dispensing medicines.

The practice had also taken full heed of our report following the December 2014 inspection with regards operating safe systems in relation to the recruitment of staff and identifying and managing risk through the completion of a legionella risk assessment.

We have not changed the rating for this practice to reflect these changes, although the practice was now meeting the regulations that had previously been breached.

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 requires improvement for providing safe services in December 2014 and was not re-rated as part of this inspection.

Our last inspection in December 2014 identified a concern relating to the management of medicines. We also identified concerns relating to the recruitment of staff and management of potential risks specifically legionella. During the inspection in February 2016 we saw the concerns had been addressed:

- Westongrove Partnership had reviewed protocols and risks associated with medicines management including patient group directives ensuring staff are administering vaccines in line with national guidance, arrangements for emergency medicines to ensure staff could access these if required and managed the risk of un-authorised persons accessing the dispensary.
- The practice was operating safe systems in relation to the recruitment of staff. Background, recruitment and health checks were completed for staff. This included Disclosure and Baring Service (DBS) checks for all clinical staff and other staff undertaking chaperone duties.
- We saw the practice was effectively monitoring the quality of service which included identification, assessment and management of potential risks to patients, staff and visitors. This included a legionella risk assessment.

Requires improvement



Are services effective?

Following the last inspection in December 2014, the practice was rated as good for providing effective services. This area was not inspected during the February 2016 inspection.

Good



Are services caring?

Following the last inspection in December 2014, the practice was rated as good for providing caring services. This area was not inspected during the February 2016 inspection.

Good



Are services responsive to people's needs?

Following the last inspection in December 2014, the practice was rated as good for providing responsive services. This area was not inspected during the February 2016 inspection.

Good



Summary of findings

Are services well-led?

Following the last inspection in December 2014, the practice was rated as good for providing well-led services. This area was not inspected during the February 2016 inspection.

Good



Westongrove Partnership - Wendover Health Centre

Detailed findings

Why we carried out this inspection

We inspected this service as a focused inspection to follow up on a concern identified at the comprehensive inspection undertaken in December 2014. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

The focused inspection of this service was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection is planned to check whether the provider has made the necessary improvements and is meeting the legal requirements in relation to the regulations associated with the Health and Social Care Act 2008.

We have followed up to make sure the necessary changes have been made and found the provider is now meeting the regulations associated with the Health and Social Care Act 2008 included within this report.

This report should be read in conjunction with the full inspection report.

How we carried out this inspection

Before visiting on 25 February 2016 the practice confirmed they had taken the actions detailed in their action plan.

We met with members of the management team including one of the GP Partners. We reviewed information given to us by the practice, including records of staff training, recruitment checks and a recruitment policy. We also reviewed patient group directives, and documents relevant to the management of the service including risk assessments. During our visit we undertook observations of the environment including observations of the security in the dispensary.

All were relevant to demonstrate the practice had addressed the breach of regulation identified at the inspection of December 2014.

Are services safe?

Our findings

Medicines management

When we visited on 11 December 2014 we looked at the system the practice used for managing medicines. We saw there weren't appropriate arrangements in place for obtaining, recording, handling, using, keeping safe and dispensing of medicines.

We looked at the security of medicines. All refrigerated medicines such as vaccines were kept in locked fridges and temperatures were monitored to maintain cold storage and their potency. However we observed that the door to the dispensary was unlocked and although inaccessible to patients, cleaners and practice staff could gain access when dispensary staff were not on site. There was a risk that unauthorised staff could have access to medicines.

We also saw the practice carried out routine vaccinations and nurses gave several injections under Patient Group Directives (PGD). PGDs are written instructions to help the professional to supply or administer medicines to patients, usually in planned circumstances. We found that only a few of these had been signed by the practice governance lead and those nurses deemed competent to administer the appropriate injection. Nurses were, therefore, not authorised to give these injections.

During the inspection in February 2016, we saw the practice had reviewed the dispensary security arrangements. There was now an additional lock on the dispensary door which prevented unauthorised access. The practice had also amended the cleaning schedule of the dispensary to ensure that there was always an authorised member of staff in the dispensary when the area was being cleaned.

We reviewed the practices centrally located PGD folder and saw the nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw signed up-to-date copies of patient directions and evidence that nurses had received appropriate training to administer vaccines.

These actions had ensured that the practice had appropriate arrangements in place for obtaining, recording, handling, using, storing and dispensing medicines. These actions were now ensuring that requirements relating to the management of medicines were now being met.

Staffing and recruitment

At the December 2014 inspection, we saw the practice had a recruitment policy that set out the

standards it followed when recruiting staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). However, administration staff did not have proof of identification on their staff files.

During the February 2016 inspection, we reviewed three personnel files of administration staff and found the practice had amended their recruitment process and appropriate recruitment checks had been undertaken prior to employment including proof of identification.

Cleanliness and infection control

At the December 2014 inspection we saw the practice did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). A risk assessment had, therefore, not been undertaken.

During the February 2016 inspection, the practice presented a completed risk assessment which assessed the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that showed regular checks were planned in line with the actions in the assessment to reduce the risk of infection to staff and patients.

Are services effective?

(for example, treatment is effective)

Our findings

Following the last inspection in December 2014, the practice was rated as good for providing effective services. This area was not inspected during the February 2016 inspection.

Are services caring?

Our findings

Following the last inspection in December 2014, the practice was rated as good for providing caring services. This area was not inspected during the February 2016 inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Following the last inspection in December 2014, the practice was rated as good for providing responsive services. This area was not inspected during the February 2016 inspection.

Are services well-led?

Good 

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

Our findings

Following the last inspection in December 2014, the practice was rated as good for providing well-led services. This area was not inspected during the February 2016 inspection.