

Woodsetton 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

Are services safe?

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 visit of Woodsetton Medical Centre, in December 2015. As a result of our comprehensive inspection breaches of legal requirements were found and the practice was rated as requires improvements for providing safe services. This was because we identified areas where the provider must make improvement and some areas where the provider should improve.

We carried out a focussed desk based inspection of Woodsetton Medical Centre on 19 December 2016 to check that the provider had made improvements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodsetton Medical Centre on our website at www.cqc.org.uk. Our key findings across all the areas we inspected were as follows:

- We noted that since our comprehensive inspection took place in December 2015, risks associated with infection control, health, safety and fire had been

formally assessed and were well managed. We saw records which supported this as part of our desk based inspection, in addition to supporting audits and actions implemented to embed improvements.

- During our previous inspection we noted that a permanent practice nurse had not been in place since April 2015. A nurse practitioner was successfully recruited at the practice and remained in post since April 2016. The practice expressed the appointment of the nurse prescriber supported them to ensure that patients needs and circumstances were met.

During our previous inspection we noted gaps in the practices systems and processes for monitoring emergency equipment and medicines. As part of our desk based inspection we noted effective arrangements were in place for monitoring emergency equipment and emergency medicines, as well as improved business continuity systems.

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 good for providing safe services.

Good



- As part of our desk based inspection the practice shared information and supporting evidence to demonstrate that since our comprehensive inspection in December 2015, risks associated with infection control, health, safety and fire were formally assessed and managed.
- During our previous inspection we found that members of the reception team had not completed basic infection control training and some staff had not completed training on health and safety. Information shared with us as part of our desk based inspection demonstrated that staff had completed this training.
- During our previous inspection we noted that a permanent practice nurse had not been in place since April 2015. We spoke with a member of the management team as part of our desk based inspection, they confirmed that a nurse practitioner was successfully recruited and remained in post since April 2016.
- The practice expressed the appointment of the nurse prescriber supported them to ensure that patients needs and circumstances were met.
- During our previous inspection we noted gaps in the practices systems and processes for monitoring emergency equipment and medicines. As part of our desk based inspection records supported more effective arrangements in place for monitoring emergency equipment and emergency medicines, as well as improved business continuity plans.

Woodsetton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

Background to Woodsetton Medical Centre

Woodsetton Medical Centre is a long established practice located in the Woodsetton area of Dudley. There are approximately 6,275 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes a senior GP partner and two GP partners, a nurse practitioner, two healthcare assistants and a locum practice nurse who supports the practice one day a week. The GP partners and the long term temporary practice manager form the practice management team and they are supported by a senior receptionist, four receptionists and two practice secretaries.

The practice is open between 8am and 6.30pm from Tuesday to Friday with appointments available from 8.50am to 6pm. Extended hours are available on Mondays when the practice offers appointments between 8am and 8pm. Appointments with the locum nurse are available on Mondays between 2pm and 8pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We carried out a focussed desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had made improvements identified during the comprehensive inspection carried out in December 2015.

How we carried out this inspection

We undertook a focussed desk based inspection on 19 December 2016. This involved the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

Are services safe?

Our findings

Monitoring risks to patients

When we inspected the practice in December 2015 we found that formal risk assessments were not in place to monitor health and safety of the premises to ensure that the premises were safe to use for the intended purpose and used in a safe way. Specifically we found that formal risk assessments were not completed for risks associated with the health and safety of the premises, fire risk and risks associated with infection control. Additionally, the practice had not assessed and managed risks associated with infection control including control of substances hazardous to health and legionella.

As part of our desk based inspection we saw records to demonstrate that the practice had assessed specific risks associated with infection control, this included risk assessments for the control of substances hazardous to health and legionella. Furthermore, records supported that risks associated with health, safety and fire were assessed and managed.

During our previous inspection we found that members of the reception team had not completed basic infection control training and some staff had not completed training on health and safety. Information shared with us as part of our desk based inspection demonstrated that staff had completed training on infection control and health and safety. Staff were also being booked in to an update for specific hand hygiene training in the new year, we saw copies of an up to date infection control audit carried out in August 2016 where this was identified as an action for completion.

During our previous inspection we noted that staffing levels did not demonstrate that the practice had adapted to the needs and circumstances of people using the service as a permanent practice nurse had not been in place since April 2015. We spoke with a member of the management team as part of our desk based inspection, they confirmed that a nurse practitioner was successfully recruited and remained in post since April 2016. Information shared by the practice outlined that the nurse practitioner was qualified to deliver care for patients with minor ailments, long term conditions and general nursing duties. The practice expressed the appointment of the nurse prescriber supported them to ensure that patients needs and circumstances were met.

Arrangements to deal with emergencies and major incidents

During our previous inspection we noted gaps in the practices systems and processes for monitoring emergency equipment and medicines; in order to support the practice in the event of a medical emergency. For example:

- We saw that the practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, during our inspection we found that the expiry date on the Oxygen was dated as 2010.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, the practice did not keep up to date records to evidence that a checking system was in place and that there were systems in place to monitor the use of the emergency medicines.
- The practice did not have a documented business continuity plan in place for major incidents such as power failure or building damage.

We noted improvements implemented following our previous inspection. As part of our desk based inspection records supported more effective arrangements in place for monitoring emergency equipment and emergency medicines; as well as embedded business continuity systems. For example:

- Since our previous inspection the practice had signed up to a new annual contract to ensure their oxygen was serviced every year. The practice shared records to support this arrangement as part of our desk based inspection.
- The nurse practitioner monitored emergency equipment and emergency medicines each week to ensure they were in date and fit for use. Records were kept to demonstrate this and there were contingency arrangements in place to ensure weekly monitoring continued to take place if ever the nurse practitioner was on leave or away from the practice.
- The practice implemented a business continuity plan to support them in the event of a major incident. Copies were held off site and were accessible to staff when needed.