

# Westbrook 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 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 of this practice on 12 May 2015. A breach of legal requirements was found. The breach related to a lack of effective auditing systems in place to ensure assessment, monitoring and driving improvements in the quality and safety of care and treatment provided. We had also found there was not an effective risk management system or process in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service and others. This included general environmental and health and safety risk assessments. Following the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection visit to check that the provider had followed their plan and to confirm that they now met legal requirements. 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 Westbrook Medical centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

During this follow up inspection visit we found a number of practices had been put in place to address the previously identified shortfalls;

- Auditing systems had been improved to monitor effectiveness and drive improvements to the quality and safety of care and treatment provided.
- Additional health and safety related checks and risk assessments had been introduced to assess, monitor and mitigate risks relating to people's health, safety and welfare.
- Staff had been supported through appraisal and on going training.

**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 well-led?**

Systems were in place to monitor effectiveness and drive improvements to the quality and safety of care and treatment provided.

Health and safety related checks and risk assessments had been introduced to assess, monitor and mitigate risks relating to peoples' health, safety and welfare.

Systems to support staff had been reviewed and improved.

**Good**



# Westbrook Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was carried out by a lead inspector.

## Background to Westbrook Medical Centre

We previously undertook a comprehensive inspection on 12 May 2016. We rated the service as requires improvement for providing safe services. We issued two Requirement Notices as a result of our findings and requested an action plan from the provider.

Westbrook Medical Centre is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 10,500 patients living in Warrington. The practice is situated in a new modern purpose built health centre which houses other health care clinics such as podiatry, audiology and paediatric optometry. The practice has seven GPs (four male and three female), a practice management team, three practice nurses, and administration and reception staff. Westbrook Medical Centre holds a Primary Medical Services (PMS) contract with NHS England.

The practice is open during the week, between 8.30am and 6.00pm. Extended hours appointments are available in the mornings and one evening per week. They are closed one afternoon per month for staff training and development. Patients can book appointments in person, via the telephone or online. The practice provides telephone

consultations, pre bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Warrington Clinical Commissioning Group (CCG). The practice is situated in an affluent area. The practice population is made up of a slightly higher than national average working age population. Forty nine percent of the patient population has a long standing health condition, whilst 52% have health related problems in daily life. There is a slightly lower than national average number of unemployed patients.

The practice does not provide out of hours services. For out of hours medical care patients are advised to ring NHS 111 helpline. Out of hours GP services are provided locally by the local NHS Trust.

## Why we carried out this inspection

We carried out a focused inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This involved an announced inspection visit to Westbrook Medical Centre on 2 June 2016. The inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 12 May 2015 had been made.

## How we carried out this inspection

The inspector :-

## Detailed findings

- Carried out an announced inspection visit on 2 June 2016.
- Spoke with the practice manager.
- Reviewed a range of records and documents to check the practice's procedures.

# Are services well-led?

Good 

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

## Our findings

At the previous inspection we found the practice did not have a programme in place for completing clinical audits. The audits they had undertaken were not complete cycle audits that demonstrated improved outcomes for patients. Clinical reviews and data collections had been undertaken by medical staff but these were not widely shared with other staff for learning and improvement.

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. Auditing systems had been improved to monitor effectiveness and drive improvements to the quality and safety of care and treatment provided. For example:

- A clinical audit protocol had been introduced.
- A central folder had been set up on the computer system to share clinical audits and the learning from these.
- A number of GPs had commenced clinical audits and a programme of audits had been produced.
- A quarterly review of significant events and complaints was being carried out at practice meetings.

At the previous inspection we found the practice did not have arrangements in place for identifying and managing some of the potential risks to the practice, patients and staff. There were no general environmental health and safety risk assessments in place. There was no evidence of portable appliance testing having been undertaken. Recent fire safety training had not been undertaken by practice

staff. There was no evidence of regular testing and investigation of legionella (a bacterium found in the environment which can contaminate water systems in buildings).

During this follow up inspection we found action had been taken to address the shortfalls in health and safety related practices as additional checks and risk assessments had been introduced to assess, monitor and mitigate risks relating to people's health, safety and welfare. For example:

- A health and safety policy was in place.
- Regular checks were carried out on the safety of the environment.
- A risk assessment was in place for the risk of Legionella
- Safety tests had been carried out on electrical equipment.
- Staff had been provided with fire safety training.

At the previous inspection we found non clinical staff had not received appropriate essential skills training or regular appraisals. The practice could not demonstrate that a training and development policy and plan were in place to ensure that staff were trained and developed appropriately to their role.

During this follow up inspection we found action had been taken to address the shortfalls in supporting staff. For example:

- Staff appraisals had been brought up to date.

A staff training matrix was in place and the provider could therefore more clearly identify training needs or gaps in staff training. We noted that not all staff had been provided with up to date training in safeguarding children or adults. The practice manager agreed to address this.