

Bridgewater CHCFT The Willaston Surgery

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 effective?	Good	
Are services responsive to people's needs?	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 Bridgewater CHCFT The Willaston Surgery on 24 August 2016. The overall rating for the practice was Good. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Bridgewater CHCFT The Willaston Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 19 January 2017 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 24 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

Our key findings were as follows:

- The provider had ensured the premises were safely maintained. Evidence of a satisfactory electrical wiring inspection had been made available.

The following improvements to the service had also been made:

- Evidence was provided to demonstrate that significant events were reviewed at practice level to enable patterns and trends to be identified and any appropriate action to be carried out.
- Further improvements had been made to the system for ensuring adult patients with depression were receiving a review at the recommended frequencies following a new diagnosis.
- A plan had been put in place to ensure all staff received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- The induction records for clinical and non-clinical staff and the GP locum pack had been reviewed to provide greater detail and to ensure staff were provided with the information they needed.
- The protocol for incoming correspondence had been reviewed to ensure clarity of what should be sent to the GPs for review and action.
- A planned programme of audits had been put in place.
- Information about how patients can make a complaint had been revised to include who complaints should be directed to at the practice.

Summary of findings

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. Improvements had been made to the safety of the premises. Evidence of a satisfactory electrical wiring inspection had been made available. Evidence was also provided to demonstrate that significant events were reviewed at practice level to enable patterns and trends to be identified and any appropriate action to be carried out.

Good



Are services effective?

The practice is rated as good for providing effective services. Further improvements had been made to the system for ensuring adult patients with depression were receiving a review at the recommended frequencies following a new diagnosis. A plan had been put in place to ensure all staff received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The induction records for clinical and non-clinical staff and the GP locum pack had been reviewed to provide greater detail and to ensure staff were provided with the information they needed. The protocol for incoming correspondence had been reviewed to ensure clarity of what should be sent to the GPs for review and action. A planned programme of audits had also been put in place.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Information about how patients can make a complaint had been revised to include who complaints should be directed to at the practice.

Good



Bridgewater CHCFT The Willaston Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

Background to Bridgewater CHCFT The Willaston Surgery

Bridgewater CHCFT took over the operational responsibility for The Willaston Surgery in July 2014. The practice is responsible for providing primary care services to approximately 4,331 patients. The practice is situated in Neston Road in Willaston, Cheshire. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a higher than average number of patients over the age of 65 and an about average number of patients with a long standing health condition when compared to other practices locally and nationally.

The staff team includes one full time and three part time salaried GPs, a practice nurse, a health care assistant, practice manager and administration and reception staff. Two GPs are female and two are male. The practice nurse and health care assistant are female.

The practice is open 8am to 6.30pm Monday to Friday and offers extended hours 9am to 12pm on Saturdays and Sundays. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patients are also able to access the out of hour's service

provided by Wirral Community NHS Trust. The practice is on two floors with access via the stairs to the first floor treatment room. Arrangements were in place to ensure patients unable to access the first floor were seen in a ground floor room. The practice has a small car park for on-site parking.

Bridgewater CHCFT has an Alternative Provider Medical Services (APMS) contract which means that the services offered are targeted to meet the healthcare needs of the locality. The practice offers a range of enhanced services including spirometry, minor surgery, anticoagulation and near patient testing.

Why we carried out this inspection

We undertook a comprehensive inspection of Bridgewater CHCFT The Willaston Surgery on 24 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good. The full comprehensive report following the inspection on 24 August 2016 can be found by selecting the 'all reports' link for Bridgewater CHCFT The Willaston Surgery on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Bridgewater CHCFT The Willaston Surgery on 19 January 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.

Detailed findings

How we carried out this inspection

We carried out a desk-based focused inspection of Bridgewater CHCFT The Willaston Surgery on 19 January 2017. This involved reviewing evidence that:

- The premises were safely maintained.
- Processes had been put in place to improve the management of significant events and to ensure a planned programme of audits
- Procedures relating to incoming correspondence and complaint management had been reviewed.

- Improvements to the records of induction had been made and staff had been provided with training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Improvements had continued to be made to the system for ensuring reviews of adult patients experiencing depression.

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 24 August 2016 we rated the practice as requires improvement for providing safe services. Improvements were needed to ensure that the premises were safe as an up to date electrical wiring inspection had not been carried out.

When we undertook a follow up inspection on 19 January 2016 we found that an electrical wiring inspection had been carried out and the service is now rated as good for providing safe services.

At our previous inspection on 24 August 2016 we identified an improvement that should be made to improve the safety of the service. At this inspection on 19 January 2017 we found that this improvement had been made. Evidence was provided to demonstrate that significant events were reviewed at practice level to enable patterns and trends to be identified and any appropriate action to be carried out. We were informed that a monthly and quarterly review was undertaken at team meetings and we were provided with minutes of two team meetings undertaken in October and November 2016 to demonstrate this.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 24 August 2016 we rated the practice as good for providing effective services. We identified improvements that should be made to improve the effectiveness of the service. At this inspection on 19 January 2017 we found that these improvements had been made.

The practice confirmed that all adult patients with depression had now had a review at the recommended frequencies following a new diagnosis. The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The practice provided information to demonstrate that QOF targets in relation to depression had been achieved. A monthly review continued to take place to monitor progress against QOF targets in all clinical areas.

A plan had been put in place to ensure all staff received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Mental Capacity Act

2005 had been discussed at a clinical meeting and all staff had commenced a training programme which incorporated the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The induction records for clinical and non-clinical staff and the GP locum pack had been reviewed to provide greater detail and to ensure staff were provided with the information they needed. We noted that the GP locum pack did not contain details about reporting significant events or managing safeguarding referrals. This was addressed following the inspection.

The protocol for incoming correspondence had been reviewed to ensure clarity of what should be sent to the GPs for review and action. The updated protocol was provided to us to confirm this.

The system for undertaking audits had been reviewed. Since the comprehensive inspection on 24 August 2016 the practice nurse had commenced a series of planned audits commencing with a cervical screening audit which was presented to the clinical team on completion. The GPs were finalising their audit plan and we were sent a plan of the next proposed audit which was of antibiotic prescribing between January 2016 and January 2017.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 24 August 2016 we rated the practice as good for providing responsive services. We identified an improvement that should be made to improve the responsiveness of the service. We found that

information about how patients can make a complaint should be revised to include who complaints should be directed to at the practice. When we undertook a follow up inspection on 19 January 2016 we found that this information was available for patients.