

# Wycliffe Surgery

## Quality Report

Cattedown Primary Care Centre  
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Website: [www.wycliffesurgery.co.uk](http://www.wycliffesurgery.co.uk)

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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 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

We carried out an inspection of Wycliffe Surgery on 4 October 2016. This review was performed to check on the progress of actions taken following an inspection we made in April 2016. Following the inspection in April 2016 the provider sent us an action plan which detailed the steps they would take to meet their breach of regulation. During our latest inspection on 4 October 2016 we found the provider had made the necessary improvements.

This report covers our findings in relation to the requirements and should be read in conjunction with the report published in January 2015. This can be done by selecting the 'all reports' link for Wycliffe Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings at this inspection were as follows:

The practice had improved the governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. This included the introduction of improved:

- Systems to manage and monitor infection control procedures, including infection control audits, disposal of water used to wash leg ulcers and booking infection control training.
- Processes to monitor and keep an overview of significant events and complaints.
- Assessment of the risk of non-clinical staff generating prescriptions following changes in medicines for patients discharged from hospital.
- Systems to evidence that all nurses were currently on the Nursing and Midwifery Council register
- Monitoring to ensure all staff received annual appraisals.

The provider had also implemented changes to identify and support more carers within the practice.

**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?

This domain was not inspected on this visit.

Good



### Are services effective?

This domain was not inspected on this visit.

Good



### Are services caring?

This domain was not inspected on this visit.

Good



### Are services responsive to people's needs?

This domain was not inspected on this visit.

Good



### Are services well-led?

Since the inspection in April 2016 the practice had improved the governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. This included the introduction of improved:

- Systems to manage and monitor infection control procedures, including infection control audits, disposal of water used to wash leg ulcers and booking infection control training.
- Processes to monitor and keep an overview of significant events and complaints.
- Assessment of the risk of non-clinical staff generating prescriptions following changes in medicines for patients discharged from hospital.
- Systems to evidence that all nurses were currently on the Nursing and Midwifery Council register
- Monitoring to ensure all staff received annual appraisals.

The provider had also implemented changes to identify and support more carers within the practice.

Good



# Summary of findings

## What people who use the service say

We did not speak to patients on this visit.

# Wycliffe Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our review was undertaken by a CQC Inspector.

## Background to Wycliffe Surgery

Wycliffe Surgery provides a primary medical service to approximately 5,300 patients of a diverse age group. The practice is a training practice for doctors who are training to become GPs and for medical students.

There is a team of two GP partners, one male and one female. The GP partners hold managerial and financial responsibility for running the business. The team are supported by three salaried GPs (all female), a practice manager, two practice nurses, two phlebotomists, a health care assistant and additional administration and reception staff.

Patients using the practice also had access to community psychiatric nurses, counsellors, district nurses, health visitors, midwives, end of life nurses, and social workers.

The practice is open between 8am and 6pm Monday to Friday. Appointments are available between 8.10am and 11.50 each morning and between 2pm and 5.30 pm each afternoon, although times vary for each nurse and GP. Extended hours appointments are also offered each Wednesday morning from 7am until 8am for working patients. In addition pre-bookable appointments can be booked up to eight weeks in advance, urgent appointments on the day are also available for people that needed them.

Outside of these times there is a local agreement that the out of hours service take phone calls and provide a service for patients.

Wycliffe Surgery provides regulated activities from a single location at Cattedown Primary Care Centre, 8 Cattedown Road, Cattedown, Plymouth, Devon PL4 0BZ. We visited this location during our inspection.

## Why we carried out this inspection

We carried out this inspection at Wycliffe Surgery on 4 October 2016 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We visited the practice and reviewed documentation to check on the progress of actions taken following the comprehensive inspection we completed in April 2016.

We inspected the practice, in part, against one of the five questions we ask about services, “is the service well led”? This is because the service had previously not met regulatory requirements relating to this domain. At our previous inspection in April 2016 the safe, effective, caring and responsive domains were rated as good. Therefore, these domains were not re inspected at this inspection. As all five domains were not inspected we were not able to rate the population groups at this visit.

## Are services safe?

### Our findings

We did not inspect this domain on our visit.

# Are services effective?

(for example, treatment is effective)

## Our findings

We did not inspect this domain on our visit.

## Are services caring?

### Our findings

We did not inspect this domain on our visit.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We did not inspect this domain on our visit.

# Are services well-led?

Good 

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

## Our findings

### Governance arrangements

At our inspection in April 2016 we found the provider did not always ensure the quality and safety of the practice as there were no overarching governance arrangements. For example;

- Governance arrangements to manage infection control were not routinely reviewed.
- Systems to maintain an overview of significant events and complaints to show what action had been taken to identify and monitor trends was not in place.
- Risk assessment of non-clinical staff generating prescriptions following changes in medicines for patients discharged from hospital was not fully overseen.
- Systems to ensure evidence was obtained to show that all nurses were currently on the Nursing and Midwifery Council register had not been implemented.
- Systems to ensure that all staff had an appraisal each year had not been fully implemented.

At this inspection in October 2016 we saw improvements had been made in a prompt and timely manner. The practice had improved the governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Systems had been implemented and the GP partner had a process to review and monitor that these systems were being maintained. This included improved systems to manage and monitor infection control procedures such as;

- Nursing staff were now disposing of soiled water used to wash leg ulcers in a specific sluice area of the practice to reduce contamination of items in the clean sluice.
- Six monthly infection control audits were now being performed. The most recent audit was performed in July 2016 and had highlighted the need for additional infection control training which was in the process of being organised.
- The practice manager had processes in place to ensure these changes were implemented and kept under review.

Processes to monitor and keep an overview of significant events and complaints had improved.

- The practice had introduced a system to formally review all significant events and complaints. Records were kept to demonstrate what action had been taken and minutes kept to the meetings held to discuss these issues.
- Since April 2016 the practice manager had devised a spreadsheet to monitor and trends of complaints and significant events.

Assessment of the risk of non-clinical staff generating prescriptions following changes in medicines for patients discharged from hospital had improved.

- The process of non-clinical staff generating prescriptions had been stopped and transferred to a GP with administration staff support to process Quality Outcome Framework data and further administration tasks.
- Each GP was responsible for generating these changes for their own patients with systems in place to cover GP absences and share the workload equally.

Improved systems to evidence that nurses were currently on the Nursing and Midwifery Council (NMC) register had been implemented.

- The practice manager had introduced a spreadsheet to monitor staff training and recruitment requirements which included ensuring the nursing staff had a current registration with the NMC.
- Systems were in place to check this spreadsheet each month.

Monitoring to ensure all staff receive annual appraisal were in place.

- Since the inspection in April 2016, all staff had received an appraisal. Clinical staff had been appraised by one of the GP partners.
- The practice manager had introduced a spreadsheet to monitor staff training and recruitment requirements which included an appraisal.

The GP partners and practice manager had also met as a team to discuss how they could improve services including how as a team they could identify and support more carers within the practice. As a result:

# Are services well-led?

Good 

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

- The patient registration form had been updated to include prompts to identify more carers. Clinical staff all had copies in their room.
- A staff meeting had been held to prompt staff to remember to ask about caring responsibilities
- The carers list had been updated
- All identified carers had been invited to attend the practice for a flu vaccination
- A prompt on repeat prescription forms was introduced, asking all carers to make themselves known to practice staff so they support could be offered.

As a result there had been a rise in identified carers from 1% to 1.5% since April 2016.