

# Wibsey and Queensbury Medical Practice

## Inspection report


Wibsey Medical 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 location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

We previously inspected this provider in February 2015 and rated the location as good in all domains.

We carried out an inspection of this service on 2 July 2019 due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions: effective and well-led.

As a result of concerns identified during our inspection, we expanded the scope to also inspect the key question of safe.

Because of the assurance received from our review of information we carried forward the ratings for the following key questions: caring and responsive

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

**We have rated this practice as inadequate overall.**

**The practice was rated as inadequate for providing safe, effective and well-led services.**

**We found that:**

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have adequate systems of governance.
- The care and treatment provided to patients living with some long-term conditions and those experiencing mental health difficulties was below local and national standards.

We have rated this provider as inadequate for providing safe services because:

- Staff immunisation records were incomplete.
- Patient correspondence was not consistently managed in a timely way.

- A fire risk assessment undertaken in August 2018 had not been fully acted upon. The assessment had been undertaken at the main location. However, no assessment had been undertaken at the branch location.
- Insufficient health and safety risk assessment activity had been undertaken.
- Arrangements for the management of infection prevention and control, including policy and training were absent or insufficient.
- There was inconsistent monitoring of emergency equipment. For example; emergency medicines, the emergency oxygen and defibrillator were not checked between 20/03/19 to 29/05/19. We also saw that vaccine fridges were not consistently checked on a daily basis during the working week, to be assured that temperatures were in range.
- There was inconsistent reporting, review and learning in regard to significant events.
- Non clinical staff told us that they had not received any training in the identification of sepsis.

We have rated this provider as inadequate for providing effective services. The population groups of People with long-term conditions and People experiencing poor mental health (including people with dementia) were both rated as inadequate because:

- The care and treatment provided for patients living with the long-term conditions of asthma, COPD and hypertension was significantly lower than local and national standards, as measured by QOF.
- The care and treatment provided for people experiencing poor mental health (including people with dementia) was significantly lower than local and national standards, as measured by QOF.

The population groups of Older people, Families, children and young people, Working age people (including students) and People whose circumstances make them vulnerable are rated as requires improvement because although we saw examples of good practice, the issues identified under effective also impacted on all population groups.

We have rated this provider as inadequate for providing well led services because:

# Overall summary

- Policies were not consistently developed or applied, including those relating to staff training, IPC, recruitment and occupational health.
- Governance structures and leadership were inconsistent in relation to risk assessment activity, clinical meetings and patient safety.
- Not all staff had received an annual appraisal.
- We saw that there was no central oversight of required training (including safeguarding) for clinical staff.
- The provider did not retain documentary evidence to confirm that the registration of clinical staff had been checked and there was no system to regularly monitor professional registration.
- The provider did not have a written policy to verify the identity of locum doctors.

However, we also found that:

- The practice had a caring and compassionate ethos and staff felt supported.
- Some quality improvement activity was undertaken including clinical audit.
- Patient feedback regarding the service was generally positive and described staff as caring and professional.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- The service provider must ensure care and treatment is provided in a safe way to patients.
- The service provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Improve their approach to internal staff communication to be assured that all staff are engaged with the provider's vision and strategy.
- Improve the care and treatment provided for patients living with the long-term conditions of asthma, COPD and hypertension.
- Improve the care and treatment provided for people experiencing poor mental health (including people with dementia).

I am placing this service into special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

## Population group ratings

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Inadequate</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b> 

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a second CQC inspector.

## Background to Wibsey and Queensbury Medical Practice

Wibsey and Queensbury Medical Practice, is located at Wibsey Medical Centre, Fair Road, Wibsey, BD6 1TD. The provider also has a branch location at Queensbury Health Centre, Russell Road, Queensbury, BD13 2AD. Both sites were visited during our inspection. The practice provides services for 11,191 patients under the terms of the Primary Medical Services (PMS) contract. The practice buildings are accessible for those with a physical disability or mobility issues.

The practice population catchment area is classed as being within a relatively deprived area in England (rated as level four), with a rating of one being the most deprived and ten the least deprived. The age profile shows that the practice is in line with the national average. Life expectancy of the practice population is also similar to other GP practices in the NHS Bradford Districts Clinical Commissioning Group (CCG) and the national average.

The National General Practice Profile states that 75% of the practice population is White British and 15% are from an Asian background.

Wibsey and Queensbury Medical Practice is registered with the Care Quality Commission to provide; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury.

The practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Diabetic care

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including spirometry for lung conditions, 24 hour blood pressure monitoring, advice and support for alcohol misuse, weight loss and social prescribing including help in accessing welfare benefits.

Allied with the practice is a team of community health professionals that includes health visitors, midwives and members of the district nursing team.

The clinical team consists of a four GP partners (two male, two female) who work full time. They are supported by a range of locum doctors who are employed as required. The provider currently has two practice nurses and a full time clinical pharmacist. Two health care assistants also support the clinical team. At the time of

our inspection the practice manager had recently retired, and the provider had recruited a new manager who was waiting to take up their post. The provider also employs a team of reception, administration and secretarial staff.

The practice appointments include:

- Pre-bookable appointments
- Urgent and on the day appointments
- Telephone consultations
- Home visits

Appointments can be made in person, via telephone or online.

Practice opening times are:

Monday to Friday, 8am to 6pm, with appointments scheduled throughout the day. Additional appointments are also available through the extended hours scheme at a local hub; 6.30pm to 9.30pm Monday to Friday and 10am to 1pm Saturday and Sunday.

Out of hours care is provided by Local Care Direct, reached by dialling 111.

The previously awarded ratings are displayed as required in the practice and a CQC link was available on the practice's website.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p><b>The service provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services, this was because:</b></p> <ul style="list-style-type: none"><li>• Monitoring checks on emergency equipment and vaccine fridges were not consistently undertaken.</li><li>• The approach to IPC was insufficient as an audit had not been acted on, and policies were insufficient or unavailable.</li><li>• Insufficient health and safety risk assessment activity had been undertaken.</li></ul> <p><b>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• There was not an effective system for the timely review of correspondence relating to patient care.</li><li>• There was inconsistent reporting, review and learning in regard to significant events. Documentation was incomplete, with inconsistent evidence of actions undertaken or systematic review by the leadership team.</li><li>• Policies and procedures essential to good governance (including training, recruitment, locum staff and occupational health) were either not in place in the practice, were not effectively reviewed or consistently followed.</li><li>• Staff appraisals were not consistently documented.</li><li>• There was not a consistent programme of staff or clinical meetings to share information and keep staff updated. Notes from these meetings were limited in scope and did not refer to ongoing actions, significant events or safeguarding matters.</li></ul> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>