

Woodlands Medical Centre

Quality Report

Woodlands Road

Didcot

Oxfordshire

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Website: www.woodlandsmedicalcentre.com

Date of inspection visit: 24 May 2016

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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?

Requires improvement



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 at Dr BJ Batty & Partners, Woodlands Medical Centre on 8 September 2015. We found improvements were required in providing safe and responsive services. We issued requirement notices and rated the practice as requires improvement overall. We undertook a focussed inspection on 24 May 2016 to check that improvements had been made to the service where required. The practice is rated as good overall, but requirements are still required in providing safe services.

- Infection control guidance was followed. An infection control policy and related audit tool was in place.

- Emergency medicines were stored appropriately, stock checking and expiry date checks were in place.
- A cold chain and cold medicines storage policy was in place, but this was not always followed by staff.
- Improved monitoring of the appointment system had identified improvements which the practice had acted on to improve accessibility for patients.

There were areas of practice where the provider must make improvements:

- Ensure the storage of vaccines follows the practice's protocols and national standards for safe storage of medicines.

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 requires improvement for providing safe services.

In September 2015 we found that infection control and medicines management processes were not adequate to protect patients. The storage of emergency medicines did not ensure that all staff could access them easily. They were not listed appropriately for monitoring purposes or fully risk assessed to ensure all potentially required medicines were available. The cold storage of medicines was not appropriately monitored.

In May 2016, we found that infection control was well managed. Emergency medicines were stored and checked appropriately. The protocol for the cold storage of medicines was amended to include action should medicines fall outside of required ranges. However, we saw one fridge was not monitored appropriately and vaccines had potentially been stored outside the required range but not mitigating action had been taken.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

In September 2015 we found that booking appointments was difficult for patients. Named GP appointments were available but patient feedback suggested access to these was also difficult. In

May 2016 we found the practice had significantly improved the monitoring of appointments and regularly altered the system to improve the patient experience in accessing appointments.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

We did not review the population groups as part of this inspection.

Good



People with long term conditions

We did not review the population groups as part of this inspection.

Good



Families, children and young people

We did not review the population groups as part of this inspection.

Good



Working age people (including those recently retired and students)

We did not review the population groups as part of this inspection.

Good



People whose circumstances may make them vulnerable

We did not review the population groups as part of this inspection.

Good



People experiencing poor mental health (including people with dementia)

We did not review the population groups as part of this inspection.

Good



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure the storage of vaccines follows the practice's protocols and national standards for safe storage of medicines.

Woodlands Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included two CQC Inspectors.

Background to Woodlands Medical Centre

The practice was located in a purpose built premises built in 2000. It has a registered population of 10,300 patients. The practice had a higher than the average for the clinical commissioning group (CCG) population of patients over 65 at 20% compared to 16% locally and 17% nationally. There was a lower than average prevalence of patients under 40 registered at the practice including children. The practice was located in an area with low deprivation according to national data, but GPs noted patients who could be considered deprived attended the practice. Patients from rural areas are registered at the practice.

There was disabled access and the ability to see patients with limited mobility on the ground floor. Nurses' treatment rooms were located on the ground floor.

Nine GPs work at the practice with two male and seven female GPs. The nursing team consists of four practice nurses, and four health care assistants. A midwife, community nurses and health visitors also work onsite.

The practice has a General Medical Services contract (GMS). These contracts are negotiated directly between the General Medical Council and the provider. This is a training practice and there was a trainee working at the practice at the time of the inspection.

The practice is open between 08:00 and 13:00 and 14:00 and 18:30, Monday to Friday. Appointments are

available during these times. Extended hours surgeries were offered on one different day each week, with appointments between 18:30 and 20:00 and on alternate Saturday mornings with appointments between 09:00 and 11:30. There were arrangements in place for patients to access emergency care from an Out of Hours provider.

Dr BJ Batty & Partners, Woodlands Medical Centre is registered to provide services from the following locations:

Woodlands Road Didcot Oxfordshire OX11 0BB

Blewbury Branch Surgery Didcot OX11 9QQ

We visited Woodlands Medical Practice only as part of this inspection.

The practice has a registered manager in post.

The practice was located in a purpose built premises built in 2000. It has a registered population of 10,300 patients. The practice had a higher than the average for the clinical commissioning group (CCG) population of patients over 65 at 20% compared to 16% locally and 17% nationally. There was a lower than average prevalence of patients under 40 registered at the practice including children. The practice was located in an area with low deprivation according to national data, but GPs noted patients who could be considered deprived attended the practice. Patients from rural areas are registered at the practice.

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Detailed findings

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The practice has a registered manager in post.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, Regulated Activities Regulations 2014. This was following an inspection undertaken in September 2015 where we identified breaches of regulations. We also needed to review the rating for the service under the Care Act 2014.

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.

How we carried out this inspection

Before visiting, we reviewed information we hold about the practice and asked other organisations to share what they knew. We also reviewed the action plan the practice had sent us following their previous inspection and the supporting information they provided to evidence improvements. We carried out an announced visit on 24 May 2016.

During our visit we:

- Spoke with a range of staff, including three GPs, three members of the nursing team, the practice manager and support staff.
- Looked at documentation related to the management of the practice
- Observed the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

In September 2015 we found that infection control and medicines management processes were not adequate to protect patients. The storage of emergency medicines did not ensure that all staff could access them easily. They were not listed appropriately for monitoring purposes or fully risk assessed to ensure all potentially required medicines were available. The cold storage of medicines was not appropriately monitored.

Overview of safety systems and processes

- In May 2016 we found the premises to be clean and tidy. Maintenance concerns had been identified by the audit and action had been taken to ensure that fixtures, fittings and surfaces were able to be cleaned properly. We saw cleaning schedules were used to ensure appropriate standards of hygiene were maintained. A practice nurse was the infection control clinical lead. A sharps or needle stick injury protocol was available for staff. This included appropriate action for staff to follow in the event of such an injury.
- There were arrangements for managing emergency medicines. We saw that medicines were within their expiry dates and stored safely. Stock lists with expiry dates had been implemented to ensure all medicines were managed properly and enabled staff to identify what medicines were available quickly if required in an emergency. Appropriate adrenaline dosages were

prepared for children and adults in the event of an emergency. We saw that medicines were clearly signed for staff to be able to access quickly in an emergency and staff knew of their location.

- We saw that a new cold storage for medicines policy had been implemented with appropriate action to take in the event that a fridge was recorded as being out of recommended range for storage. We saw that one fridge was appropriately monitored. However, another fridge purchased less than six months prior to the inspection was regularly recorded as being out of range for a period of several weeks prior to the inspection date. The staff checking fridge took no action to mitigate risks. Immediately following the inspection the practice implemented an action plan to quarantine affected vaccines and risk assess patients who had been provided with the vaccine stored in the fridge during these dates. The vaccine manufacturer was contacted and informed the practice that the medicines were unlikely to be compromised. NHS England were contacted and advised the practice to offer the remaining vaccines stored out of recommended temperature range, to be offered off-license (this means the medicines cannot be guaranteed under usual license and patients have the option for an alternative vaccine if requested). The practice informed us that patients who had already been administered the potentially compromised vaccines were written to with an explanation and information, consistent with the guidance from NHS England, and were invited to contact the practice to discuss any specific concerns.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

In September 2015 we found that booking appointments was difficult for patients. Named GP appointments were available but patient feedback suggested access to these was also difficult.

Access to the service

The practice was open for appointments between 08:00 and 13:00 and 14:00 and 18:30 Monday to Friday. Extended hours surgeries were offered one late evening per week with appointments between 18:30 and 20:00 and routine appointments were offered on alternate Saturday mornings 09:00 and 11:30am. In addition to pre-bookable appointments, same day appointments were made available daily and urgent appointments were also available through a system of triage (a duty GP would call patients to see if they could assist the patient over the phone, by signposting them to another service or if they needed an appointment that day). Same day appointments were spread among the GPs working on any day and then a list of duty GP appointments was available.

Since our inspection in September 2015 the practice had introduced additional monitoring of the appointment system. This enabled the practice to alter the spread of appointments to periods of high demand, alter the times appointments were released and increase the number of patients using online appointment booking. We looked at the online appointment system and saw advanced appointments were available the next day (although these were limited), two days in advance and beyond. Patients requesting advanced appointments had access to these if

required within 48 hours at the time we checked the availability on the day of inspection. The lead partner explained that urgent same day appointments were offered to any patient that needed them as were phone consultations. The practice also broke down the types of routine appointments booked to identify which of these needed more or less capacity.

The practice manager showed us a complaints report which showed that in 2015 25 complaints regarding the appointment system were received. Up to May 2016 only one complaint had been received regarding the appointment system. There was one comment on the NHS Choices website from January 2016 which mentioned difficulty in booking an appointment. The changes to the system were not embedded at that time. The most recent national GP survey figures only relate to the time period up to November 2015, therefore they do not accurately reflect patient feedback regarding any changes since our inspection in September 2015. The practice does not undertake surveys but did consult with the patient participation group regarding the appointment system improvements. The manager reported positive feedback from the PPG in regards to the improvements. However, there were no minutes on the PPG webpage to review PPG discussions about the appointment system.

There had been an audit into the wait times in the practice for patients with an appointment undertaken in December 2015 and repeated in January 2016. The first audit identified improvements could be made and this was piloted by a GP. The changes made by the GP in scheduling appointments led to a significantly reduced wait time from 15 minutes in December to six minutes in January.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Health and social care act 2008 Regulated Activity Regulations 2014
Maternity and midwifery services	Regulation: 12 Safe care and treatment
Surgical procedures	The provider was not fully assessing the risks to the health and safety of service users in relation to providing care or treatment because they were not managing medicines safely. Regulation 12(1)(2)(a)(b)(g)
Treatment of disease, disorder or injury	