

Westwood Clinic

Inspection 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 location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

This practice is rated as Inadequate overall. At the previous inspection in August 2015 the

practice were rated as good overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Westwood Clinic on 13 December 2018 as part of our inspection programme.

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 concluded that:

- Patients were able to access care and treatment in a timely way.
- Quality Outcomes Framework data was generally in line, or above, local and national averages. However, exception reporting data was higher than both the CCG and England averages in indicators such as mental health and diabetes.
- Complaints were dealt with appropriately; however verbal complaints were not recorded.
- In August 2018, the practice had identified staff were unclear about the reporting of significant events and introduced a new policy and guidance for staff. The practice was able to evidence an increase in the number of significant events reported, investigated and learning distributed which would have previously been missed.

However, we also found that:

- People were not adequately protected from avoidable harm.
- The leadership, governance and culture of the practice did not assure the delivery of high quality care.
- Some legal requirements were not met.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have an effective system in place to manage and monitor patients taking high-risk medicines.
- The practice did not have a fire risk assessment at the time of inspection.
- Recruitment checks were not always completed.
- The practice could not evidence all staff had received appropriate safety training. The practice provided a training matrix following the inspection which did not evidence staff had received all safety training relevant to their role.
- Equipment calibration was not always completed.

We rated the practice as **requires improvement** for providing effective services because:

- The practice's exception reporting rate for diabetes and mental health indicators was higher than the CCG and England averages.
- The number of patients attending for cervical screening was lower than both the CCG and England averages. The practice were aware but had no actions in place to address this.
- The number of patients attending for bowel cancer screening was lower than both the CCG and England averages. The practice were aware but had no actions in place to address this.
- We were unable to ascertain how the practice reviewed the competency of staff involved in advanced clinical practice and the practice did not provide us with evidence that any staff received appraisals.

We rated the practice as **requires improvement** for providing caring services because:

- The practice were aware of lower than average GP Patient Survey data however the practice had no actions taking place or being planned for the future in order to address this.

We rated the practice as **good** for providing responsive services.

We rated the practice as **inadequate** for providing well led services because:

- Practice staff reported leaders were not visible and approachable, this was evident on the day of our inspection.

Overall summary

- Some staff we spoke with told us they felt unsupported and under-valued by the practice partners.
- Comprehensive assurance systems were not in place, for example, not all building risk assessments were not completed and a lack of management for patients on high risk medicines.
- The practice could not evidence that risks, issues and performance were managed.
- The practice did not always involve the public, staff and external partners to sustain high quality and sustainable care. For example, the practice did not act on negative patient survey data and there was no active patient participation group.
- We found the governance systems and the oversight of the management did not ensure that the practice had complete oversight of staff training and not all staff received annual appraisals.

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

- Ensure that care and treatment is provided in a safe way to patients.
- 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:

- Review and improve the process for recording all complaints to ensure verbal complaints are included.

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

I am placing this service in 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 population group, 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.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to Westwood Clinic

Westwood Clinic is located in Westwood which is a residential area of the city of Peterborough,

Cambridgeshire in the United Kingdom. The practice provides services for approximately 5,000 patients. The practice holds a Personal Medical Services (PMS) contract and provides GP services commissioned by NHS Cambridgeshire and Peterborough Clinical Commissioning Group.

The practice is managed by two GP partners who are supported by clinical staff; three part time salaried GPs, three advanced nurse practitioners, one practice nurse and two healthcare assistants. The practice also employs a practice manager and a team of reception, clerical and administrative staff.

The practice provides a range of clinics and services, which are detailed in this report, and opens between the

hours of 8am and 6.30pm, Monday to Friday. Outside of practice opening hours patients are able to access pre-bookable evening and weekend appointments through a network of local practices. In addition to this, a service is provided by Herts Urgent Care, by patients dialling the NHS 111 service.

According to Public Health England information, the patient population has a slightly higher than average number of patients aged 18 and under compared to the practice average across England. It has a slightly lower number of patients aged 65 and over, aged 75 and over and aged 85 and over compared to the practice average across England. Income deprivation affecting children and older people is significantly higher than the practice average across England.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We issued a Warning Notice because: <ul style="list-style-type: none">• The provider had failed to ensure the proper and safe management of medicines.• The provider had failed to complete an infection control audit or take any action to mitigate risks identified.• The provider had failed to ensure all equipment used to assess patients had been calibrated.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We issued a Warning Notice because: <ul style="list-style-type: none">• The provider was unable to evidence they had oversight of risk assessments relating to the health and safety of the premises to ensure patients and staff were kept safe from harm.• The provider was unable to evidence they had a risk assessment completed relating to the fire safety of the premises to ensure patients and staff were kept safe from harm.• On the day of the inspection we found the security of the building was not always appropriate.• The provider was unable to evidence they had oversight of staff training to ensure all staff were appropriately trained for the role they undertook.• The provider was unable to evidence any staff had received their annual appraisal and the practice did not evidence there was an effective system in place for the monitoring of clinical staff to ensure they were competent.

This section is primarily information for the provider

Enforcement actions

- The provider was unable to evidence engagement with patients. There was no active Patient Participation Group at the practice and the practice had taken no actions in relation to patient feedback through their internal survey and the GP National Patient Survey.
- The provider did not have an effective system in place to ensure appropriate recruitment checks for new members of staff were made prior to employment.
- The provider was unable to evidence how leadership was maintained within the practice. Staff reported to us the leaders of the practice were not visible or approachable.
- The provider was unable to evidence actions taken to improve cancer screening which was below both the local and national averages.