

The Wellington Practice

Inspection report

Aldershot Centre for Health
Hospital Hill
Aldershot
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Date of inspection visit: 11 January 2023
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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	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at The Wellington Practice on 11 January 2023. Overall, the practice is rated as Requires improvement.

We rated the key questions as follows:

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Good

Well-led - Requires improvement

The full reports for previous inspections can be found by selecting the 'all reports' link for The Wellington Practice on our website at www.cqc.org.uk

Why we carried out this inspection

The Wellington Practice is a new provider which registered with the Care Quality Commission (CQC) on 9 February 2022. We carried out this inspection because the new provider has never been inspected.

How we carried out the inspection.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing facilities.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

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.

Overall summary

We have rated this practice as Requires improvement overall. We rated the key questions of caring and responsive as Good. We rated the practice as Requires improvement for providing safe, effective and well-led services because:

- Staff were not up to date with mandatory training required by the practice.
- Infection prevention and control systems did not always follow national guidance.
- Recruitment systems did not always operate in accordance with the regulations.
- Systems to ensure prescription stationery was stored securely when in use were not operating effectively and did not follow national guidance.
- Systems to keep patients safe did not always operate effectively or follow national guidance.
- Systems to respond to safety alerts from the Medicines Healthcare products and Regulatory Agency were not operating effectively.
- Patients with long-term conditions or taking high-risk medicines did not always receive care in line with national guidance.
- Clinical supervision existed but it was not fully embedded throughout the practice for all clinical healthcare staff.
- Governance systems did not always operate effectively or ensure processes followed national guidance.
- Systems and processes to identify, manage and mitigate risks did not always operate effectively or respond sufficiently to the risk.

However, we also found that:

- The practice showed kindness and respect to patients, and it understood the personal and cultural needs of its population, particularly their Nepalese patients.
- There was a system to identify and learn from significant events.
- When things went wrong, staff were open and honest in their apology.
- The practice worked effectively with partners to ensure patients received care in a timely manner.
- The practice actively sought feedback and used it to drive improvement.
- Patients could access care in a timely manner and in a way that suited their needs.
- Patients were highly positive in their feedback and had confidence and trust in the staff and practice.
- The way the practice was led and managed promoted the delivery of person-centred care.

We found three breaches of regulations. The provider **must**:

- Ensure 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.
- Ensure specified information is available regarding each person employed.

In addition, the provider **should**:

- Continue to develop a full programme of audit and quality improvement activity.
- Continue to improve uptake of screening appointments for all eligible patients.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to The Wellington Practice

The Wellington Practice is located at:

Aldershot Centre for Health

Hospital Hill

Aldershot

Hampshire

GU11 1AY

The provider is registered with CQC to deliver the Regulated Activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is situated within the Frimley Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of approximately 4,700 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called a primary care network (PCN). They are part of the Aldershot PCN.

The practice provides primary medical services to the local community including residents at 3 care homes. According to the latest available data the ethnic make-up of the practice is 78.3% white, 15.3% Asian, 2.2% Mixed ethnicity, 3.2% Black, and 1% of the patient population describe themselves as other. Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the sixth decile (6 of 10). The lower the decile, the more deprived the practice population is relative to others.

The practice team consists of 2 GP partners, 1 practice nurse, 2 advanced nurse practitioners, 1 diabetic specialist nurse and 1 healthcare assistant. The practice team are also supported by 1 paramedic and 1 clinical pharmacist who are employed by the PCN. There is also a practice manager, medical secretary and an administrator responsible for coding and summarising patient records. The patient services team (reception) is made up of a full-time team leader and 5 members of staff working a mixture of full-time and part-time hours.

The practice is open between 8am and 6.30pm Monday to Friday and appointments are offered during all opening hours. The practice offers a weekend clinic once a month between 9am and 12noon. This occurs on the second Saturday of the month. Extended hours are provided by a remote GP consultation service between 4pm and 8pm every weekday. The practice has opted out of providing out of hours service to their patients and these services are provided by North Hampshire Urgent Care service. The out of hours service is accessed by calling 111.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to ensure there were effective systems and processes in place to ensure staff received appropriate support training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. In particular:</p> <ul style="list-style-type: none">• Staff were not up to date with mandatory training required by the practice.• A clinical supervision policy and system existed but had not been operated consistently for all clinical staff.• An appraisal policy existed but had not been followed because staff members were overdue appraisals.
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>How the regulation was not being met:</p> <p>The registered provider had failed to ensure there were effective systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Specifically:</p> <ul style="list-style-type: none">• Recruitment processes for all staff were not compliant with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.• Blank prescription stationery was not always stored securely in line with national guidance and there was no system to monitor the use of blank scripts when in use.

This section is primarily information for the provider

Requirement notices

- Systems to ensure each service user had complete and accurate clinical records, including decisions taken in relation to their care and treatment had not operated effectively and consistently.
- Patients with serious illnesses had not been coded accurately and therefore had not been followed up.
- Patients with long-term conditions had not always received care in line with national guidance.
- The practice did not have complete records in relation to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions.

This was in breach of regulation 17(1)(2) (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The registered provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Medicines and Healthcare products and Regulatory Agency safety alerts were not being appropriately actioned.
- The system to assess staff immunity against communicable diseases did not follow national guidance and did not contain complete records. Where immunity had not been established, risk assessments to protect staff and patient had not been completed.

This was in breach of regulation 12 (2) (b) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.