

Windmill Health Centre

Inspection report

Mill Green View
Leeds
West Yorkshire
LS14 5JS
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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.

Overall summary

We carried out an announced comprehensive inspection at Windmill Health Centre on 2 October 2018. The overall rating for the practice was inadequate and the service was placed into special measures. The full comprehensive report for the October 2018 can be found by selecting the 'all reports' link for Windmill Health Centre on our website at .

This inspection was an announced focused inspection carried out on 11 February 2019 to confirm that the practice had responded to the warning notices dated 19 October 2018 and met the legal requirements in relation to breaches of Regulation 12(1), Safe Care and Treatment and Regulation 17(1), Good governance identified in our previous inspection on 2 October 2018. The provider was required to be compliant with the matters documented in the warning notices relating to Regulation 12 by 28 December 2018 and those relating to Regulation 17 by 22 January 2019.

This report covers our findings in relation to those requirements.

Our key findings were as follows:

- The provider had made the required improvements in most areas identified during the previous inspection. However, the provider had not sufficiently acted on the findings of the most recent Infection Control and Prevention (IPC) audit and we found that the practice premises were poorly maintained. We saw that the condition of the building had deteriorated since our last inspection.
- Resuscitation guidelines stored with emergency medical equipment had been updated and reflected the most current guidance.
- The recommendations of the 2016 legionella risk assessment had been acted upon with relevant staff trained and evidence seen of recommended water checks being made on a regular basis.
- Staff with responsibility for IPC across the practice had received relevant update training and the IPC policy had been reviewed.

- Significant event recording and the provider's approach to learning from these events had been reviewed. We saw that they were documented, discussed and acted upon by the senior management team.
- Verbal complaints were recorded and we saw that all complainants were advised in writing of their right to refer complaints to the Parliamentary and Health Service Ombudsman if they were not satisfied with the provider's response.
- A staff training matrix had been developed and we saw that mandatory training requirements had been established by the provider and were being implemented across the staff team.
- We saw that oversight of prescription stationary security had been reviewed and was now safely managed. The provider also told us that patient group directions (PGDs) had been reviewed and systems were now in place to ensure they were correctly authorised.
- Newly appointed staff were given an induction plan and their progress was documented. All relevant staff had received an appraisal in the last 12 months.
- Clinical and staff meetings were appropriately documented.
- Policies relating to staff occupational health and lone working had been implemented.

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

- Continue to ensure that the backlog of summarising records is addressed and cleared by 31st March 2019.

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

- The provider must ensure all premises and equipment used by the service provider is fit for use and maintain appropriate standards of hygiene for premises and equipment.

We are taking further action in line with our enforcement processes. The service will be kept under review and if needed could be escalated to urgent enforcement action.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a second CQC inspector.

Background to Windmill Health Centre

The Windmill Health Centre, is located at Mill Green View, Leeds, West Yorkshire, LS14 5JS. The practice provides services for 8,771 patients under the terms of a Personal Medical Services (PMS) contract. The patient list is currently closed to new registrations due to building constraints. The practice buildings are accessible for those with a physical disability or mobility issues. In addition, the practice has on-site parking available for patients, with designated spaces for disabled patients who require them.

The practice population catchment area is classed as within one of the second most deprived areas in England on a scale of one to ten, with a rating of one being the most deprived and ten the least deprived. The National General Practice Profile states that 89% of the practice population is from a White or mixed British background. The remaining patients are from an African, Polish, South Asian or Chinese ethnicity.

The Windmill Health Centre is registered with the Care Quality Commission to provide the following regulated activities; surgical procedures, diagnostic and screening procedures, family planning, maternity and midwifery services 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
- travel vaccinations
- Influenza and Pneumococcal immunisation
- Joint injections
- Contraceptive services, including the fitting of coils and implants.

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, electrocardiogram (ECG) and blood pressure monitoring, advice and support for alcohol misuse, weight loss and social prescribing; including help in accessing welfare benefits.

The clinical team consists of six part-time GPs (three male and three female), an Advanced Practitioner, two practice nurses and two healthcare assistants (all female). The provider is also an accredited training practice. The clinical team is supported by a practice manager and a team of administrative and management support staff. Allied with the practice is a team of community health professionals that includes health visitors, community matrons, midwives and members of the district nursing team.

The practice offers:

- Pre-bookable appointments
- Urgent and on the day appointments
- A walk-in clinic
- Telephone consultations
- Home visits

Appointments can be made in person, online or by telephone. Practice opening times are:

Monday - 8am to 6pm

Tuesday – 7am to 8.30pm

Wednesday – 8am to 6pm

Thursday – 7am to 6pm

Friday – 8am to 6pm

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 on the practice's website.

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
	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person had failed to ensure that all premises used by the service were properly maintained. In particular:</p> <ul style="list-style-type: none">· There was a lack of systems or processes established and operated effectively in order to ensure compliance with the requirements and demonstrate that the premises were clean and properly maintained.· The provider had not sufficiently acted upon identified risks to infection prevention and control. <p>This was in breach of Regulation 15 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>