

The Wedmore Practice

Quality Report

The St John's Lane Health Centre
Bristol
BS3 5AS
Tel: 0117 953666
Website: www.wedmorepractice.co.uk

Date of inspection visit: 4 April 2017
Date of publication: 15/05/2017

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?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to The Wedmore Practice	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection of The Wedmore Practice on 20 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall, with the area of Safe rated as requires improvement. The full comprehensive report following the inspection on 20 July 2016 can be found by selecting the 'all reports' link for The Wedmore Practice on our website at www.cqc.org.uk.

This inspection was an announced focused follow-up inspection of The Wedmore Practice on 4 April 2017, to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good, with the area of Safe now rated as Good.

At the inspection 20 July 2016 the areas where the provider must make improvement were:

- The system and policy and procedure for monitoring the temperature of the refrigerators where medicines

were stored such as vaccines must be reviewed so that maximum or minimum temperature changes that occurred were monitored to ensure vaccine viability thresholds were not breached.

- Practice staff must ensure there was recorded evidence that the emergency medicines were checked on a regular basis.
- There must be a system to ensure Patient Group Directions for the administration of medicines were signed for and agreed by the responsible GP and nursing staff before implementing.

The areas where the provider should make improvement were:

- Lessons were shared for significant events, but the partners should ensure this information was shared across all of the staff team so that they had awareness and could support any actions taken to improve safety in the practice.
- The practice should ensure that a member of staff was identified and trained to be the named lead for health and safety at the practice.
- The practice should ensure that there was a consistent approach to obtaining and retaining recruitment and employment information held in regard to staff employed at the practice.

Summary of findings

- The provider should have a planned approach to ensuring that training or retraining in regard to the Mental Capacity Act 2005 took place.

Our key findings from this inspection, 4 April 2017, were as follows:

- The provider had improved the systems, policy and procedure for monitoring the temperature of the refrigerators where medicines such as vaccines were stored.
- The provider had implemented a system so that there is recorded evidence that the emergency medicines were checked on a regular basis.
- The provider had ensured there was a system to ensure Patient Group Directions for the administration of medicines were signed for and agreed by the responsible GP and nursing staff before implementation.
- Lessons were shared for significant events and information were shared across all of the staff team so that they could have an awareness and could support any actions taken to improve safety in the practice.
- The provider had identified a member of staff to be the named lead for health and safety at the practice. This person attended health and safety updates and sought external advice when required.

- The provider had ensured that there was a consistent approach to obtaining and retaining recruitment and employment information held in regard to staff employed at the practice.

- The provider had a planned approach to ensure that training or retraining in regard to the Mental Capacity Act 2005 was taking place.

However, there were also areas of practice where the provider needs to continue to make improvements.

Importantly, the provider should:

- Continue with the programme of implementing improvements such as electronic monitoring systems for ensuring the safe temperature of the refrigerators where medicines such as vaccines were stored.
- Review the system of the time period between checks on the emergency medicines to ensure that it is in line with current good practice.
- Continue with ensuring that the provider has access to an appropriately trained health and safety representative.
- The provider should continue to ensure that information regarding the training for mandatory and core subjects is obtained for the locums used at the practice.

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?

Good



- The provider had improved the system and policy and procedure for monitoring the temperature of the refrigerators where medicines such as vaccines were stored. They should continue with the programme of implementing improvements such as electronic monitoring systems.
- The provider had implemented a system so that there is recorded evidence that the emergency medicines were checked on a regular basis. However, they should review the system of the time period between checks on the emergency medicines to ensure that it is in line with current good practice.
- The provider had ensured there was a system to ensure Patient Group Directions for the administration of medicines are signed for and agreed by the responsible GP and nursing staff before implementing.
- Lessons were shared for significant events and information was shared across all of the staff team so that they have awareness and could support any actions taken to improve safety in the practice.
- The provider had identified a member of staff to be the named lead for health and safety at the practice who attended updates and sought external advice when required. However, they should continue with ensuring that the provider has access to an appropriately trained health and safety representative.
- The provider had ensured that there was a consistent approach to obtaining and retaining recruitment and employment information held in regard to staff employed at the practice. The provider should continue to ensure that information regarding the training for mandatory and core subjects is obtained for the locums used at the practice.
- The provider had a planned approach to ensuring that training or retraining in regard to the Mental Capacity Act 2005 was taking place.

The Wedmore Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector.

Background to The Wedmore Practice

The Wedmore Practice is located in a residential area of the city of Bristol. They have approximately 8,501 patients registered.

The practice operates from one location:

St John's Lane Health Centre Bristol BS3 5AS

The Wedmore Practice is situated in the St Johns Lane Health Centre, which provides healthcare to patients in the areas of Bedminster, Knowle, Windmill Hill, Headley Park and parts of Totterdown. In addition the practice provides health care to the areas of Withywood, Hartcliffe, Ashton Gate and Knowle West. It previously shared the premises with another GP service and currently hosts other health care services such as podiatry and the midwifery team. The practice premises are not owned by the provider. The practice is all on one level with consulting rooms and treatment rooms situated off corridors from the central waiting and reception area. There is parking for a small number of vehicles at the side of the practice. We were informed that the practice is in the process of having new premises built in the local vicinity with the intention of being completed in December 2017.

The practice is made up of three GP partners and two associate GPs, all female. One GP had additional qualifications in substance abuse. They have a lead nurse, a treatment room nurse, a nurse practitioner and a

healthcare assistant. There is an assistant practice manager, and reception and administration team. The practice currently employs a business development manager to support them with their new surgery build.

The practice opening hours are from 8.30am until 12.15pm and reopen 1.15pm until 6.30pm, weekdays. The practice opens Saturday mornings 8:30am to 10.30 for pre-booked appointments only. The practice offered early morning appointments 7.30am until 8am on a Tuesday morning. Three days per week (variable days) evening appointments were available from 6.30pm until 7pm for patients who could not attend during normal opening hours.

The practice has a Personal Medical Services contract with NHS England. The practice is contracted for a number of enhanced services including extended hours access, improving patient's online access, timely diagnosis and support for patients with dementia and unplanned admission avoidance.

The practice does not provide out of hour's services to its patients, this is provided by the 111 services and BrisDoc. Contact information for this service is available in the practice and on the practice website.

Patient Age Distribution

0-4 years old: 6.3% (the national average 5.9%)

5-14 years old: 11.5% (the national average 11.4%)

Total under 18 years old: 21% (the national average 20.7%)

65+ years old: 13.7% (the national average 17.1%)

75+ years old: 6.3% (the national average 7.8%)

85+ years old: 1.3% (the national average 2.3%)

Other Population Demographics

% of Patients with a long standing health condition is 48% (the national average 54%)

Detailed findings

% of Patients in paid work or full time education is 63% (the national average 61.5%)

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 33.6% (the national average 21.8%)

Income Deprivation Affecting Children (IDACI): is 27.8% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 26.4% (the national average 16.2%)

Patient Gender Distribution

Male 50.7%

Female 49.3%

% of patients from BME populations 7.8%

Patient turnover 2015 9.5%, the national average 8.5%.

Why we carried out this inspection

We undertook a comprehensive inspection of The Wedmore Practice on 20 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good, with the area of

Safe as requires improvement. The full comprehensive report following the inspection on 20 July 2016 can be found by selecting the 'all reports' link for The Wedmore Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Wedmore Practice on 4 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of The Wedmore Practice on 4 April 2017. This involved reviewing evidence relating to the management and administration of the service.

During our visit we:

- Visited the registered location.
- Spoke with a range of staff including the business manager and practice manager.
- Looked at information and the systems the practice kept in regard to the management of medicines, recruitment and training records and how they shared information to the staff team.

Are services safe?

Our findings

At our previous inspection on 20 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the following:

People who used the service and others were not protected against the risk of unsafe care and treatment. This was because:

- The system and policy and procedure for monitoring the temperature of the refrigerators where medicines were stored such as vaccines needed to be reviewed so that maximum or minimum temperature changes that occurred were monitored to ensure vaccine viability thresholds were not breached.
- Practice staff did not ensure there was recorded evidence that the emergency medicines were checked on a regular basis.
- There was not a system to ensure Patient Group Directions for the administration of medicines were signed for and agreed by the responsible GP and nursing staff before implementing.

The areas where the provider should make improvement were:

- Lessons were shared for significant events, but the partners should ensure this information is shared across all of the staff team so that they have awareness and could support any actions taken to improve safety in the practice.
- The practice should ensure that a member of staff was identified and trained to be the named lead for health and safety at the practice.
- The practice should ensure that there was a consistent approach to obtaining and retaining recruitment and employment information held in regard to staff employed at the practice.

These arrangements had significantly improved when we undertook a follow up inspection on 4 April 2017. The practice is now rated as good for providing safe service.

Safe track record and learning

At the inspection 20 July 2016 we reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We had found there

were gaps in evidence to show that lessons were shared across the practice staff so that there was a shared sense of accountability and involvement in any actions taken. During this inspection, 4 April 2017, we were provided with information regarding two events that were raised and investigated under the practice's significant events analysis process. We saw that the information was recorded, investigated, discussed and responded to appropriately and was shared across the staff team to ensure that changes were put in place to prevent reoccurrence. For example, in regard to the practice's handling of confidential information, which was a concern where a patient received two other patients letters and questionnaires with their own. The event was investigated, identified that along with human error, changes were required in how the GPs gave instructions to be more specific when designating a task to other members of the staff team. Likewise, in regard to another significant event regarding the outcomes of laboratory tests taken. A patient rang the practice for the outcomes of a test, a preliminary answer was given by an administrator, not recorded in the patient's records and the subsequent end results from the laboratory which were different from the initial results did not trigger the patient being called for treatment earlier. The outcome was that administration were reminded of the practice protocols for handling and responding to patients queries regarding test results, GPs were reminded of the checks they should have in place. The practice reviewed and was updating the literature and information provided to patients in regard to test results.

Overview of safety systems and process

At the inspection 20 July 2016 we looked at the practice's arrangements for managing medicines, including emergency medicines and vaccines. We had found the system for monitoring the temperature of the refrigerators where medicines were stored such as vaccines needed further action by staff to meet the practice's own policy and procedure. The nursing staff were checking and recording the temperature of the refrigerators twice a day, but there was no system for checking the maximum or minimum changes that occurred to ensure that thresholds were not breached. At this inspection, 4 April 2017, we found that the practice staff had taken steps to improve the monitoring systems for the refrigerators used for the storage of specific medicines. We saw that a review and update of the medicines policy and procedures relating to the use of refrigerators for the storage of medicines had taken place

Are services safe?

and that staff had been recording the checks made on a regular basis. We were informed that the practice was trialling a data logger on one refrigerator to ensure that temperatures were consistently monitored. We were told this was working well and there were plans to use the same system across all of the practice's refrigerators.

At the inspection 20 July 2016 we found Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we found that the current working documents had not been signed and agreed by the responsible GP or the nursing staff. This was rectified on the day of inspection. We looked again on this inspection, 4 April 2017, to check that PGDs were in date and maintained appropriately and found the lead nurse had implemented a system to monitor and ensure these were correctly held at the practice and agreed by lead GP.

During the inspection 20 July 2016 we discussed the recruitment process with staff and identified that the practice had only carried out a small number of recruitment processes during the last 12 months and this was only for clinical staff. We were told up to the time of the inspection the reception and administration team had been employed by the NHS (Landlord) and had recently transferred across to the staff team at the practice. We had reviewed three recruitment records from the practice's process including the information obtained, although incomplete for a new member of staff who had yet to start. We also had looked at two of the personnel files received into the practice when they were transferred to the practice's employment. We found in all files that we reviewed there was a mixture of information retained. For example, there were missing documents for proof of identification, work history, registration with the appropriate professional body where necessary and there was missing evidence that the appropriate checks through the Disclosure and Barring Service (DBS) had been carried out. The personnel records were not organised effectively and there was no system to check they had the relevant required information for each member of staff including evidencing the undertaking of DBS checks for some clinical staff who had been working at the practice for over 10 years.

During this inspection, 4 April 2017, we were provided with information regarding the recruitment and employment checks carried out. We saw how the practice stored

recruitment and employment records for each new member of staff. We saw that appropriate information was obtained, such as references, professional registrations and indemnity insurance was sought. DBS checks were in place. We saw in the two examples of newly employed members of staff that the recruitment checklist had not been used fully. We noted for one clinical staff the records of interview and the decision to employ had not been scanned and included. We saw that information regarding the training for mandatory and core subjects had not always been obtained or retained in the electronic records for the locums used at the practice. We did see that the provider now had a planned approach to ensuring that training or retraining of staff in regard to the Mental Capacity Act 2005 was taking place.

Monitoring risks to patients

At the previous inspection 20 July 2016 we saw there were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area although there currently was not a designated trained local health and safety representative identified within the staff team. The lead administrator had a system of ensuring that all information relating to the safety and maintenance checks were in place and they were in the process of transferring responsibility for some aspects from the landlord to the practice itself. The practice had up to date landlord fire risk assessments and the practice staff carried out regular fire drills.

During this inspection 4 April 2017 we were informed that the practice had plans in place for the management of health and safety at the practice which included the changes proposed to be in place when the new build had been completed. The practice supported the lead administrator to continue to be responsible for health and safety and enabled them to attend updates and seek advice from external sources to assist in their role. A member of staff had yet to complete formal training as the health and safety lead.

Arrangements to deal with emergencies and major incidents

At the inspection 20 July 2016 we saw that emergency medicines were accessible to staff and all staff knew of

Are services safe?

their location. The emergency medicines we checked were in date and stored securely. However, there was no recorded evidence that the emergency medicines were checked on a regular basis.

During this inspection 20 July 2017 we saw a review of the emergency medicines had been carried out and a detailed list of all the medicines held for this purpose was kept. The practice had reviewed its policies and procedures in implemented a system where one of the GPs lead on the

stock checks, the monitoring of expiry and condition of the medicines. The practice had changed its policy and no longer held controlled medicines as they were deemed no longer necessary to be kept by the practice. There was a medicines monitoring spreadsheet which alerted staff to pending expiry dates so that they could reorder medicines in good time. We saw that the programme of physical medicines checks was carried out on a quarterly basis.