

Westside Medical Centre

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Westside Medical Centre on 5 September 2017. The overall rating for the practice was requires improvement. The practice was found to be requires improvement in safe and well-led and good in effective, caring and responsive. The full comprehensive report on the September 2017 inspection can be found by selecting the 'all reports' link for Dr Gallagher and Partners on our website at .

This inspection was an announced focused inspection carried out on 8 May 2018 to confirm that the practice had carried out their plan to make the improvements that we identified in our previous inspection on 5 September 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Significant events were discussed with staff at weekly practice meetings to ensure that all learning was shared.
- Changes had been made to the nursing team to provide a clear management structure to strengthen the oversight of the team.
- Improvements had been made to the system for cascading and reviewing patient safety alerts to staff.
- The system for tracking prescriptions in the practice was kept under review and regularly audited to ensure that processes were followed by all staff.
- The policy and process for uncollected prescriptions had been revised to include referring to a GP before destruction of uncollected prescriptions. Regular monitoring ensured the process was being followed.

- The system for conducting infection and prevention control had been developed and improved. Audits were completed monthly and ensured that all areas of the practice were inspected with action taken where necessary.
- The system for monitoring patients on high risk medicines had been reviewed. Monthly checks had been introduced to ensure that all patients were monitored and that action was taken within appropriate timescales.
- The procedure for obtaining Disclosure and Barring Service (DBS) checks had been revised and clarified where DBS checks were required. DBS checks were to be completed for all clinical staff at time of employment, with risk assessments completed for all non-clinical staff to determine the need for a DBS check.
- The system for identifying carers had been developed so that more carers could be offered appropriate support. For example, all patients had been contacted to ask about their caring responsibilities with a positive number of responses; drop-in carers sessions were held at the practice; and a member of staff had been appointed as a carers champion. The number of carers registered had risen to 3% of the practice population as a result of the changes made.
- The National GP Patient Survey results had been reviewed with action taken to improve patients' satisfaction in relation to access to the practice by telephone and the GP and patient interaction. For example, changes had been made to the triage system to improve patient access. Patients no longer had to call back in the afternoon if they had missed a morning triage and were automatically transferred to the afternoon triage.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC Lead Inspector supported by a GP specialist advisor.

Background to Westside Medical Centre

Westside Medical Centre is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection Westside Medical Centre (previously known as Dr Gallagher and partners) were providing medical care to 11,256 patients.

Westside Medical Centre is situated in a purpose built building, which is shared with another GP practice. The practice occupies the ground floor and first floor of the building, which is close to Rugby town centre.

There is a patient car park at the rear of the building and a bus stop just outside on the main street. Pay and display public car parks are nearby.

The practice has four GP partners, a retained GP (one male and four female) and a salaried GP. The GPs are supported by a practice manager, an advanced nurse practitioner, three practice nurses, a health care assistant and administrative and reception staff.

Westside Medical Centre is an approved training practice for doctors who wish to become GPs. A trainee GP is a

qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ trainee GPs and the practice must have at least one approved GP trainer.

The practice is open from 8.30am to 6pm on Mondays to Fridays. Extended hours are offered on Saturday mornings with a GP or a nurse between 8am and 11am. Urgent appointments are available via telephone triage from 8.30am to 10.15am on Mondays and days following bank holidays and from 8.30am to 9.15 on other weekday mornings. West Midlands Ambulance Service answers telephone calls between 8am and 8.30am. The practice answers telephone calls between 6pm and 6.30pm. Patients are directed to the NHS 111 service from 6.30pm to 8.30am. The practice participates in the extended hours service, which is provided by the Coventry and Rugby GP Alliance. This service opens from 6.30pm until 9pm on weekdays and all day at the weekends.

Home visits are available for patients who are housebound or too ill to attend the practice. Patients are able to register for online services to book routine appointments with a GP or to order repeat prescriptions.

Are services safe?

At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate. These arrangements had significantly improved when we undertook a follow up inspection on 8 May 2018. The practice is now rated as good for providing safe services.

Safe track record and learning

Improvements were needed to the system for recording significant events and sharing learning points across the practice team to ensure these were followed by all staff. Improvements had been made and included:

- Changes to incident recording forms to encourage reporting of all events including positive incidents.
- Discussion of significant events at weekly practice meetings to ensure that learning was shared with all staff. Learning from events was also assigned to staff as a workflow task for completion which ensured that all staff had read these.

There was a system to act on patient safety alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA).

- MHRA alerts were sent to the generic practice email address and forwarded by the practice manager to the GPs. The prescribing lead was responsible for actioning alerts as necessary. We viewed the electronic log for recording patient safety alerts and saw that appropriate actions were taken and recorded on the log. Hard copies of alerts were also kept.
- All alerts were included in weekly practice meetings for further discussion. This was evident in the meeting minutes we looked at.
- All alerts were assigned to relevant staff as a workflow task for completion which ensured that these had been read.

Overview of safety systems and process

The practice had clearly defined systems, processes and procedures to minimise risks to patient safety.

- Changes had been made to the nursing team to provide a clear management structure to strengthen the oversight of the team.

- Appropriate standards of cleanliness and hygiene were maintained. One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- The system for conducting infection prevention and control had been developed and improved. Audits were completed monthly to make sure that all areas of the practice were inspected with action taken where necessary.
- Staff had received up to date training and regular update training was scheduled.
- A daily and weekly cleaning rota was in place. This contributed to the scheduled monitoring and review of the cleaning contract to ensure that appropriate levels of cleanliness and hygiene was maintained throughout the building.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal) had been improved since the previous inspection. This included:

- Processes for handling repeat prescriptions including the review of high risk medicines.
- The monitoring of patients on high risk medicines had been strengthened with monthly patient record searches to ensure that all patients were monitored and reviewed within appropriate timescales. We saw that action had been taken when follow up responses had been identified.
- Patient records were flagged with on-screen pop up messages to highlight appropriate high risk medicine monitoring needed.
- The practice ensured that where shared care arrangements were in place checks to patient records were carried out to make sure they were updated accordingly.

Improvements had been made to the management of prescriptions. These included:

- A system that ensured blank prescriptions were tracked within the practice. A log was maintained so that an audit trail of the movement of all prescriptions could be clearly followed.
- A process for managing uncollected prescriptions which ensured these were checked on a monthly basis. These

Are services safe?

prescriptions were reviewed by a GP before destruction to check whether any follow up action was needed. Cancellation of prescriptions was also recorded in patients records.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to

administer vaccines and medicines. Patient Specific Directions (PSDs) were routinely used and examples of PSDs signed by a prescriber were seen during the inspection.

The procedure for obtaining Disclosure and Barring Service (DBS) checks had been revised and clarified where DBS checks were required. DBS checks were to be completed for all clinical staff at time of employment, with risk assessments completed for all non-clinical staff to determine the need for a DBS check.

Are services well-led?

At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure or clear leadership arrangements. These arrangements had significantly improved when we undertook a follow up inspection on 8 May 2018. The practice is now rated as good for providing well-led services.

Governance arrangements

The arrangements to enable good governance and oversight were now effective. For example:

- There was a system to receive, action and circulate patient safety alerts. We viewed the patient safety alert log and saw that appropriate actions taken were recorded.
- There was a comprehensive policy for significant events with improved procedures to ensure that all events including positive events were captured, acted upon and learnt from. We saw that learning was shared in a regular and structured way. For example, weekly practice meetings.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents.
- There was a comprehensive range of policies and procedures on the practice's intranet. The policies and procedures were regularly updated. Staff we spoke with confirmed that they knew how to access these policies.

Leadership and Culture

On the day of the inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us that they prioritised safe, high quality and compassionate care.

The leadership team demonstrated a commitment for change and improvement. Staff told us that the partners and management team were approachable and were always prepared to listen to all members of the staff team.

Key changes had been made in the team with plans for future developments in progress. We saw evidence of succession planning and widening skill base of the practice team.

- Two extra clinical rooms had been built in anticipation of increasing patient numbers
- An additional advanced nurse practitioner had been employed.
- Changes had been made to the nursing team to provide a clear management structure to strengthen the oversight of the team.
- A personal assistant had been appointed to support the practice manager.
- A salaried GP had been appointed to start in May 2018.

In response to complaints about access to GPs, the practice had altered their appointment system and had also provided four additional GP sessions per week. There was a clear leadership structure and staff felt supported by management.

The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- They gave affected people reasonable support, information and a verbal and written apology.
- Written records of verbal interactions were kept as well as written correspondence.
- The GP partners and practice manager, reception manager and the advanced nurse practitioner met weekly.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt that their contribution to the practice was valued and that they were supported by the partners and management team.
- The practice held and minuted multi-disciplinary meetings, which included monthly palliative care meetings with the district nurse and Macmillan nurse to monitor and visit vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

Are services well-led?

Managing risks, issues and performance

There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Where improvement had been required

- Infection control audits were routinely carried out and were fully completed.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The quality improvement programme included regular audits.
- Prescriptions were now tracked in the practice. We saw that checks were in place to ensure the system for uncollected prescriptions was consistently followed. Uncollected prescriptions were now seen by a GP before destruction and details entered into patient records accordingly.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. They sought feedback from:

- Patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met bi-monthly and members were keen to support the practice. We were told that the PPG considered its role to be that of a critical friend to the practice. A GP and the practice manager attended the PPG meetings so that the group was updated on developments within the practice.
- Discussions with the PPG included a review of the NHS GP Patient survey results to consider ways to improve patients experience of the practice. For example,

changes had been made to the triage system to improve patient access. Patients no longer had to call back in the afternoon if they had missed a morning triage and were automatically transferred to the afternoon triage.

- Staff through staff meetings, appraisals and discussion. Staff told us that they felt comfortable with discussing any concerns or issues with colleagues and the management team. Staff said that they were happy to give feedback and that they felt involved and engaged to improve how the practice was run.

Continuous improvement and innovation

We saw many examples of innovation and plans for continuous improvement for the practice which included:

- The practice was part of the National Institute for Health Research primary care clinical research network and was a host practice for various studies including cancer diagnosis.
- The practice was improving collaboration with other services locally and had successfully piloted the integrated neighbourhood team scheme, which was going to be rolled out across other practices in the local area. The scheme involved local organisations such as social services and mental health services in the care of patients.
- Links with the local hostel and the Clinical Commissioning Group (CCG) had been established to explore service provision for homeless people in their locality. The practice planned to develop a formal framework to ensure all services would be available and provided to homeless people as needed.