

Woodhouse Hill Surgery

Inspection report

71a Woodhouse Hill
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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 summary

We carried out an announced comprehensive inspection at Woodhouse Hill Surgery on 4 April 2018 and 10 May 2018. The overall rating for the practice was inadequate and as a result the service was placed in special measures. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Woodhouse Hill Surgery on our website at .

This inspection was an announced focused inspection carried out on 16 October 2018 to confirm that the practice had responded to the warning notice dated 14 June 2018 and met the legal requirements in relation to the breach of Regulation 12 (1), Safe Care and Treatment, identified at our previous inspection on 4 April 2018 & 10 May 2018. The practice was required to be compliant with the concerns documented in the warning notice by 2 October 2018.

This report covers our findings in relation to those requirements.

Our key findings were as follows:

- The provider had made improvements in keeping accurate records with respect to each patient. There were now only 134 (638 at our last inspection) patient records that required summarising. This meant that for most patients, accurate and up to date information was available which reduced the number of patients at risk.

- The practice had systems to manage risk so that safety incidents were less likely to happen. The practice had a system in place for carrying out a planned review of changes introduced following significant events, to determine their effectiveness and to assure themselves that changes had been embedded into practice.
- The practice reviewed the effectiveness and appropriateness of the care it provided. The sample of patients whose records we viewed were clinically coded correctly to support delivery of care and treatment.
- Clinicians ensured that in all the cases we viewed, care and treatment was delivered according to evidence based guidelines.

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

- Continue to prioritise patient records that still need to be summarised in order to clear the remaining backlog.
- Continue to review and improve the prescribing of antibiotics to ensure that all antibiotic prescriptions are supported with a clear rationale.

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 and included a GP specialist adviser.

Background to Woodhouse Hill Surgery

Woodhouse Hill Surgery is located at 71a Woodhouse Hill, Fartown, Huddersfield, West Yorkshire, HD2 1DH, approximately two miles to the north of Huddersfield town centre. The practice is housed in a purpose built single storey building, which is owned by the lead GP. There is disabled access to the practice, and car parking spaces are available.

Website: www.woodhousehill.co.uk

The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England. They are registered with the Care Quality Commission (CQC) to provide the following regulated activities:

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

The practice catchment area is classed as being within one of the more deprived areas in England. The practice scored one on the deprivation measurement scale; the deprivation

scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

There are currently 3,385 patients on their practice list. The National General Practice Profile shows the practice ethnicity as being diverse with 16% Asian, 13% black, and 8% mixed and 2% other non-white ethnicities. The practice demographics show a slightly higher than average percentage of people in the 0 to 9-year age group. Average life expectancy is 75 years for men and 79 years for women compared to the national average of 78 and 82 years respectively.

The General Practice Profile shows that 62% of patients registered at the practice have a

long standing health condition, compared to 56% locally and 54% nationally. The practice clinical team comprises one principal GP (male), two locum GPs (male and female), one female practice nurse and one female health care assistant. One female locum practice nurse is also employed to supplement availability of nurse appointments.

The clinical team is supported by two-part time practice managers and a reception and administrative team.

The practice opening times are from 8.30am until 6.30pm on Monday, Tuesday, Wednesday and Friday and from 8.30am until midday on Thursday.

Appointments are available from 8.30am until 6pm on Monday, Tuesday, Wednesday and Friday and from 8.30am until midday on Thursday.

Patients are able to be seen at another local practice on Thursday afternoons, as part of a reciprocal local arrangement. Weekly clinics are held which include childhood immunisation, asthma and coronary heart disease clinics.

Out of hours cover is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the NHS111 service.

When we returned for this inspection, we saw that the previously awarded ratings were displayed as required in the premises and on the practice's website.

Are services safe?

At our previous inspection on 4 April 2018 and 10 May 2018, we rated the practice as inadequate overall and inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- The provider was not keeping an accurate record with respect to each patient; this meant that accurate and up to date information was not always available which could put patients at risk.
- The provider had not ensured correct coding was applied for patients across all the six population groups. We identified a number of omissions relating to coding not being visible on patient records. This meant that accurate and up to date information was not always available which could put patients at risk.
- The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system. For example, there was a backlog of patients' information that required summarising.
- The provider was not able to provide assurance that all clinical staff, including those that undertook breast examinations, had up to date training.

At this inspection on 16 October 2018 we found that the provider had taken actions to improve the provision of care at the practice. We found that the practice had taken the steps necessary to ensure that care and treatment was provided in a safe way for service users. There were still some areas that required further work and these are covered at the end of the overall summary at the start of this report.

Safety systems and processes

The practice had made improvements to their systems to keep people safe and safeguarded from abuse.

There were safety systems and processes within the practice, to keep patients safe. For example, by ensuring patients records included clinical information to support safe practice. We looked at ten clinical records that showed that an adequate assessment of the patients' condition had been made. Clinicians had ensured that in all the cases we viewed, care and treatment was delivered according to evidence based guidelines.

The practice had invested in new diagnostic equipment, for example thermometers which were located in every

consultation room to record patient temperatures more accurately. In addition, Pulse oximeters, Infra-red thermometers and digital ear thermometers were also available.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. We looked at several clinical audits which had been conducted in the last six months. For example, a safeguarding children's audit, an audit of fast track referrals and a HIV patient audit all showed that improved outcomes for patients were identified.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

There was a significant reduction in the backlog of patients that required their clinical notes to be summarised to ensure that all information was available to clinicians. As locums (and other clinical staff) were viewing complete patient information in their records, this made making appropriate assessments or making safe, informed decisions about what to prescribe possible.

- On the day of the inspection we identified 134 patient records which still needed to be summarised and these must be processed as a priority. This had fallen from 638 at the time of our last inspection. They comprised of:
 - 33 new patients who had registered since February 2018. The practice was waiting for paperwork from PCSE (Primary Care Support England).
 - 34 patients whose paper records had just been received from PCSE.
 - 67 patients who had been invited for NHS Health checks in August 2018.

As part of the inspection we reviewed ten patient consultation records. All of these records had been effectively written and coded correctly. (Coding is used to easily identify patient information, such as disease and past medical history, and support the running of reports/ data collection within the practice). We did note, however, examples in the medical records where the provider prescribed an antibiotic without a clear rationale to do so.

Are services safe?

We were informed that the practice nurse had ceased to undertake breast examinations, these were now only conducted by the qualified GPs. We saw an updated policy and meeting notes dated 18 August 2018 to support this decision.

Please refer to the Evidence Tables for further information.