

Watling Vale Medical Centre

Inspection report

Burchard Crescent
Shenley Church End
Milton Keynes
MK5 6EY

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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?

Requires improvement 

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 Watling Vale Medical Centre on 12 March 2019 as part of our inspection programme.

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.

We have rated this practice as good overall and good for all population groups.

We have rated the practices as **requires improvement** for providing safe services because:

- There was insufficient evidence to demonstrate that risks to staff and patient safety were adequately assessed. In particular, those relating to staff immunity status and emergency medicines.

Overall, we found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- Patients found it difficult to access care and treatment via the telephone system and reported delays in accessing appointments.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

The area where the provider **must** make improvements is:

- Ensure that care and treatment is provided in a safe way.

In addition, the provider **should**:

- Monitor completion of staff training to ensure to all staff are up to date in accordance with practice designated timeframes. Provide adequate supplementary training where required to support staff employed.
- Appoint and train a fire marshal.
- Monitor completion of cleaning schedules to support appropriate infection prevention and control standards.
- Routinely review processes for monitoring uncollected prescriptions to ensure practice protocols are being followed.
- Continue to monitor the recently expanded system for receiving safety alerts to ensure all appropriate alerts are received and actioned.
- Routinely review exception reporting data to support accurate patient record keeping.
- Assess risks to patient confidentiality between consulting rooms and complete identified actions to ensure the privacy and dignity of patients is maintained.
- Continue to identify and support carers within the local population.
- Include information on the practice website on local support groups for patients.
- Continue with efforts to improve access to appointments and the telephone system.

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

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

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. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Watling Vale Medical Centre

Watling Vale Medical Centre provides a range of primary medical services, including minor surgical procedures, from its location at Burchard Crescent, Shenley Church End, Milton Keynes. It serves patients who live in the Shenley Church End, Shenley Lodge, Shenley Brook End, Loughton & Crownhill areas. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice serves a population of approximately 13,100 patients with slightly higher than average populations of males and females aged 0 to 18 years. There are slightly lower than national average populations of patients aged over 65 years. The practice population is largely White British, with 25% of the practice population being from Black and Minority Ethnicity backgrounds. The practice has a large working age population. Information published by Public Health England, rates the level of deprivation within the practice population group as nine on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice has four GPs partners (two male and two female) and two salaried GPs (both male). There are four

practice nurses who are supported by three health care assistants. In addition, the practice employs two physiotherapists and a pharmacist. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice operates from two storey premises. Patient consultations and treatments take place on the ground floor. The first floor is mainly used by administrative staff. There is time limited car parking outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre-bookable appointments. When the practice is closed services are provided via the 111 service. Information about this is available in the practice and on the practice website and telephone line.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 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 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons 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:</p> <ul style="list-style-type: none">• Risks to patients and staff had not adequately been assessed and monitored, specifically with regard to infection prevention and control and emergency medicines. The practice had not assessed the risks to patient and staff safety through validation of staff immunity status in line with Public Health England guidance. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>