

# Westcroft Health Centre

## Inspection report

1 Savill Lane  
Westcroft  
Milton Keynes  
Buckinghamshire  
MK4 4EN  
Tel: 01908 520545  
Website:

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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 inspection at Westcroft Health Centre on 9 July 2019 as part of our inspection programme. We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

- Safe
- Effective
- Responsive
- Well-led

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. The practice was rated as requires improvement for providing safe services.**

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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Systems and processes to reduce risks to patient and staff safety needed strengthening.
- Risks to patients and staff had not adequately been assessed, in particular those relating to staff immunity status and the availability of appropriate emergency medicines.

The areas where the provider **must** make improvements are:

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

(Please see the specific details on action required at the end of this report).

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

- Routinely complete and review risk assessments, including those relating to health and safety, premises, security, water safety and fire. Ensuring all identified actions are completed in a timely manner.
- Monitor performance of the cleaning contractors and ensure plans to implement regular deep cleaning of carpets are realised.
- Improve maintenance of staff records ensuring consistencies in records kept, particularly for reference requests and completed inductions.
- Maintain records of clinical supervision to support staff employed in advanced roles. Complete all outstanding appraisals for staff.
- Continue to monitor the results of the national GP patient survey and patient satisfaction with access to appointments, particularly when trying to contact the practice by telephone.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## 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 Westcroft Health Centre

Westcroft Health Centre is located at Savill Lane, Westcroft, Milton Keynes, MK4 4EN. 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 14,400 patients. The practice population is largely white British, with less than 25% of the practice population being from Black and Minority Ethnicity backgrounds. Only 6% of the practice population are aged over 65 years and 31% are aged under 18 years.

Information published by Public Health England, rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of four GP partners, two salaried GPs, one long term locum, four advanced nurse prescribers (ANPs), two practice nurses, and a health care assistant. Two of the ANPs were on maternity leave at the time of our inspection. The team is supported by a practice manager and a team of non-clinical, administrative staff. Members of the community midwife and health visiting team operate regular clinics from the

practice location. The practice is a teaching and training practice and accepts registrars every year. (Registrars are fully qualified and registered doctors training to become GPs). At the time of our inspection there was one GP registrar in training. The practice also accepts medical students training to become doctors.

The practice operates from a two-storey large purpose-built property. Patient consultations and treatments take place on the ground level with some practice administrative office space on the first level. The first floor is largely used by community NHS musculoskeletal (MSK) services and mental health facilities. There is a large car park outside the surgery, with disabled parking available.

Westcroft Health Centre is open from 8am to 6.30pm Monday to Friday. Extended appointment times are available between 7am and 8am on Tuesdays and Thursdays. When the practice is closed out of hours services can be accessed via the NHS 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><b>How the regulation was not being met:</b></p> <p>The provider had failed to do all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving care or treatment.</p> <p>In particular we found:</p> <ul style="list-style-type: none"><li>• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the receipt and management of relevant Patient Safety Alerts, recalls and rapid response reports issued from the MHRA and through the Central Alerts System (CAS).</li><li>• The management of emergency medicines needed strengthening.</li><li>• The practice had not consistently sought assurance on the immunity status of non-clinical staff. The practice had not assessed the resulting risks to patients and staff.</li></ul> <p>This was in breach of Regulation 12(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>