

Wideopen Medical Centre

Quality 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 service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wideopen Medical Centre on 25 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Wideopen Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 February 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 25 August 2016. 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:

- The practice had implemented a new infection control policy. Infection control audits had been undertaken at both sites and action plans were in place to address the small number of minor areas identified which required improvement.

- Processes for managing medicines had improved.
- A fire evacuation drill had been carried out at both sites. This was recorded and learning points were documented.
- All clinicians had completed fire safety training.
- New systems had been implemented to check expiry dates for medicines and equipment.
- Improved processes for disseminating patient safety alerts had been implemented
- Managers showed us records which demonstrated that exception rates were very low across all areas of QOF and informed us the records on the NHS database were not reflective of the practice's own clinical records.

When we last inspected we found the systems in place for arranging home visits were not in line with recent NHS England guidelines (Patient Safety Alert, March 2016). The practice had a system in place to assess whether a home visit was clinically necessary; but there were no formal arrangements to assess the urgency of the need for medical attention during morning clinics.

During this inspection we found improvements had been made. Each morning, one of the GPs had dedicated time to triage all requests for home visits to ensure visits for those patients with more urgent needs were prioritised.

Summary of findings

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?

The practice is rated as good for providing safe services.

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control, medicines management and monitoring risks for patients were not adequate.

During the inspection February 2017 we found the practice had made improvements.

- A log of all safety alerts was maintained; these were passed to the relevant clinician to action and discussed at the monthly primary health care team meetings.
- The practice had implemented a new infection control policy; this clearly stated who the nominated leads were. Infection control audits had been undertaken at both sites; action plans were in place to address the small number of minor areas identified which required improvement.
- Processes for managing medicines had improved.
- A fire evacuation drill had been carried out at both sites. This was recorded and learning points were documented.
- All clinicians had completed fire safety training.
- New systems had been implemented to check expiry dates for medicines and equipment.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing well-led services as the governance arrangements were ineffective.

During the inspection February 2017 we found the practice had made improvements.

- Action had been taken to address issues raised following a fire service inspection.
- Arrangements for managing medicines and infection control had improved.
- Improved processes for disseminating patient safety alerts had been implemented

Good



Summary of findings

- Managers showed us records which demonstrated that exception rates were very low across all areas of QOF and informed us the records on the NHS database were not reflective of the practice's own clinical records.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety and well-led identified at our inspection 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Wideopen Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to Wideopen Medical Centre

Wideopen Medical Centre is registered with the Care Quality Commission to provide primary care services. It is located in the town of Wideopen, north of Newcastle upon Tyne.

The practice provides services to around 7,500 patients from two locations:

- Great North Road, Wideopen, Newcastle upon Tyne, NE13 6LN;
- Dudley Surgery, Market Street, Dudley, Cramlington, Northumberland, NE23 7HR.

We visited both of these addresses as part of the inspection.

The practice has three GP partners (one female and two male), three salaried GPs (one female and two male), two practice nurses (female), two healthcare assistants, a practice manager, and nine staff who carry out reception and administrative duties.

The practice is part of North Tyneside clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (23.9% compared to the national average of 18.9%). Information taken from Public Health England

placed the area in which the practice is located in the fifth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The Wideopen surgery is located in a purpose built two storey building. All patient facilities are on the ground floor. The Dudley surgery is located in a converted single storey building. There are no dedicated patient car parks however; there is parking in the streets surrounding the surgeries. There is step free access and a disabled WC at each site.

Opening hours at the Wideopen surgery are between 8.45 am and 6pm Monday, Wednesday and Thursday; between 8.45am and 6pm then 6.30pm to 7.15pm on Tuesday; and between 7.30am and 6pm on Friday.

Opening hours at the Dudley surgery are between 8.45am and 6pm Monday, Tuesday, Wednesday and Friday; and between 7.30am and 7.15pm on Thursday.

Patients can book appointments in person, on-line, by telephone or by using an 'App' on a mobile device. Appointments are available at the following times:

- Monday - 8.45am to 11.20am; then from 2.55pm to 4.45pm
- Tuesday – 8.45am to 11.20am; from 2.30pm to 5.05pm; then from 6.30pm to 7.15pm
- Wednesday – 8.45am to 11am; then from 3pm to 5.40pm
- Thursday – 7.30am to 12.20pm; then from 2pm to 7.10pm
- Friday – 7.30am to 11.20am; then from 2.30pm to 5.40pm

A duty doctor is available each morning between 8am and 8.45am and each afternoon until 6.30pm.

Detailed findings

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care.

Why we carried out this inspection

We undertook a comprehensive inspection of Wideopen Medical Centre on 25 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Wideopen Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection Wideopen Medical Centre on 14 February 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

During our visit we:

- Spoke with a range of staff (a GP, the practice manager, a practice nurse and two administrative staff)
- Visited both practice locations
- Looked at information the practice used to deliver care and treatment.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control, medicines management and monitoring risks for patients were not adequate.

These arrangements had improved when we undertook a follow up inspection on 14 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

When we last inspected we found some staff were unaware of recent safety alerts. There was no recorded evidence to show that alerts were discussed at appropriate meetings to ensure all relevant staff were aware of any necessary actions.

During this inspection we saw a log of all safety alerts was maintained; these were passed to the relevant clinician to action and discussed at the monthly primary health care team meetings.

Overview of safety systems and process

During our previous inspection we found it was not clear who was the nominated infection control clinical lead within the practice. As a result, no infection control audits had been undertaken to identify any improvements necessary. We saw the bins for disposing of sharp devices had not been labelled when assembled.

During this inspection we found:

- The practice had implemented a new infection control policy; this clearly stated who the nominated leads were.
- Infection control audits had been undertaken at both sites; action plans were in place to address the small number of minor areas identified which required improvement.
- Sharps bins had been appropriately labelled.

When we inspected in August 2016 we found the arrangements for managing medicines were not satisfactory. The formal instructions to allow nurses and healthcare assistants to administer vaccines were not always in place or appropriately authorised. Records to monitor refrigeration temperatures were incomplete and we found that records of blank prescription form serial numbers were not made.

During this inspection we found significant improvements had been made and the practice had addressed all areas of concern:

- Patient Group Directions were in place and had been signed by an appropriate manager. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The PGDs had all been signed by the practice nurses and authorised by one of the GPs.
- Patient Specific Directions (PSDs) were in place for when the health care assistants administered vaccines and injections to patients. A PSD is an instruction to administer a medicine to a list of named patients where each patient on the list has been individually assessed by that prescriber.
- The arrangements to monitor refrigeration temperatures were in line with national guidance. Records to monitor temperatures were complete, with current, maximum and minimum temperatures noted twice a day. The practice had also purchased data loggers for each refrigerator to monitor temperatures constantly.
- Processes had been implemented to ensure records of blank prescription form serial numbers were made on receipt into the practice or when the forms were issued to GPs.

Monitoring risks to patients

When we inspected in August 2016 we found regular fire drills had not been carried out.

During this inspection we found a fire evacuation drill had been carried out at both sites. This was recorded and learning points were documented.

When we last inspected we found there were no formal arrangements in place for monitoring the number and mix of staff needed to meet patients' needs and administrative staff were behind on some tasks.

During this inspection we found the staffing levels had been reviewed and adjusted where necessary. Staff had been given additional time to catch up with administrative tasks, including summarising patient records (entering new patients' past medical details onto their current record). There were only a small number of records outstanding.

Are services safe?

Arrangements to deal with emergencies and major incidents

When we last inspected we found some of the arrangements for dealing with foreseeable emergencies were not sufficient. For example, clinical staff had not completed any fire safety training and we found that some syringes and needles used to administer emergency medicines were out of date.

During this inspection we found all clinicians had completed fire safety training. New systems had been implemented to check expiry dates for medicines and equipment. We looked at a sample of medicines and equipment; everything was in date.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing well-led services as the governance arrangements were ineffective.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 14 February 2017. The practice is now rated as good for being well-led.

Governance arrangements

When we last inspected we found the arrangements for governance and performance management did not always operate effectively. This included risks not being dealt with on a timely basis, unclear arrangements for ensuring patient safety alerts were disseminated to clinical staff and a lack of understanding of the practice's Quality and Outcomes Framework (QOF) exception rates.

During this inspection we found all areas of concern had been addressed:

- Processes for ensuring risks were dealt with on a timely basis were in place.
- Infection control leads were in place and audits had been carried out at both sites.
- Improved processes for disseminating patient safety alerts had been implemented. A log was maintained and the alerts were discussed at the monthly clinical meetings.
- QOF exception rates were reviewed and discussed each month by the practice manager and GP partners. Some of the exception rates appeared high. Managers showed us records which demonstrated that exception rates were very low across all areas of QOF and informed us the records on the NHS database were not reflective of the practice's own clinical records. The practice manager was liaising with NHS Digital to ensure the correct results were published.