

Woodside Surgery

Inspection report

Woodside Road
Boothtown
Halifax
HX3 6EL
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www.caritashealth.org.uk

Date of inspection visit: 30 March 2022
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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

Requires Improvement



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Woodside Surgery (Caritas Group Practice) on 30 and 31 March 2022. The inspection included both remote assessments and interviews, and a site visit. Overall, the practice is rated as requires improvement.

Set out the ratings for each key question

Safe - Inadequate

Effective – Requires improvement

Well-led – Requires improvement

Following our previous inspection on 23 October 2018 the practice was rated as good overall, with the key question of effective rated requires improvement. This was because we found gaps in relation to staff training and support arrangements. We returned to the practice on 20 June 2019 and found that the necessary improvements had been made, and the practice was rated as good for all key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Woodside Surgery on our website at www.cqc.org.uk

Why we carried out this inspection:

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in West Yorkshire. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system-wide feedback. We also included additional questions to establish the practice response to access to appointments for patients following the COVID-19 pandemic.

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Question sheets sent to staff for completion prior to the inspection

Our findings

Overall summary

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 Requires Improvement overall

We found that:

- There were gaps in systems and processes to keep patients safe. Medicines management and prescribing processes were not effectively followed.
- Diagnostic coding on patients' records were not always in place.
- Infection prevention and control measures were not implemented appropriately.
- The practice had recently undergone significant staffing changes. A new leadership team was in place, and all staff vacancies had been filled or were due to be filled within the next few weeks.
- Patients were able to access face to face or telephone appointments at any of the three sites provided by the practice.
- Systems were in place to effectively share relevant information with out of hours and urgent healthcare providers.
- Staff told us they were happy to work at the practice. They told us the senior team was approachable and supportive.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Take steps to ensure that staff training is updated in line with recommended timescales, and maintain oversight of this.
- Carry out risk assessments to provide rationale for stocks of emergency medicines not held.
- Develop plans to improve immunisation uptake for pre-school children.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. A second CQC inspector shadowed some remote video interviews, and also undertook a site visit, to include both branch sites.

Background to Woodside Surgery

Woodside Surgery (Caritas Group Practice) is located in Halifax at:

Woodside Road

Boothtown

Halifax HX3 6EL

The practice has two branch sites:

Shelf Health Centre

Shelf Moor Road

Shelf

Halifax HX2 8RQ

Mixenden Stones Surgery

Mixenden Road

Mixenden

Halifax HX2 8RQ

We visited all three sites during our inspection.

The provider is registered with CQC to deliver the following Regulated Activities from all three sites:

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

The practice is situated within the Calderdale Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) and Alternative Provider Medical Services to a patient population of 8,838. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, known as a Primary Care Network (PCN). Woodside Surgery is part of North Halifax PCN.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is approximately 95% white, with the remaining 5% made up of black, Asian and other mixed ethnicities.

The age distribution of the practice population mirrors local and national averages.

There is a team of two GPs, both male, one of whom is a partner. There are four advanced clinical practitioners (ACPs), one male, who is the second partner. The other three ACPs are female, two of whom were in training to become qualified ACPs at the time of our inspection. The clinical team is completed by two practice nurses and one recently appointed health care assistant, all female.

Non-clinical support is provided by a business manager, practice operations manager and a range of data quality, reception and secretarial staff.

Extended access is provided locally through the local primary care network, where late evening and weekend appointments are available. Out of hours services are provided by Local Care Direct.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. The registered persons had systems and processes in place that operated ineffectively, in that they failed to enable the registered person to assess, monitor and improve the quality of services being provided. In particular:</p> <ul style="list-style-type: none">• Systems for oversight and governance of clinical and operational processes were not implemented effectively. There were gaps in staff training uptake. Protocols for effective management of test results were not in place. Quality improvement activity was limited. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• Systems for taking action on Medicines and Healthcare Regulatory Agency (MHRA) alerts were ineffective• Processes for reviewing patients taking high-risk medicines were insufficiently thorough• Systems for coding of patient conditions were not effectively established• Infection prevention and control measures were not effectively implemented.