

# Westfield Surgery

## 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

In April 2016 a comprehensive inspection of Westfield Surgery was conducted. The practice was rated as requires improvement overall, specifically we found the practice required improvement for safe and well led services and was good for providing effective, caring and responsive care.

We found that the practice required improvement for the provision of safe services because improvements were needed in the way the practice assessed the risks to the health and safety of service users who were receiving care and treatment, specifically in relation to the control and monitoring of legionella and hazardous substances (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

We also found that the practice required improvement for well led because improvements were needed to ensure staff had received essential training and appraisals, risk assessments needed to be completed and reviewed regularly and a system needed to be in place to monitor the security of blank prescriptions.

Westfield Surgery sent us an action plan that set out the changes they would make to improve these areas.

We carried out an announced focussed inspection of Westfield Surgery on 8 December 2016 to ensure the

practice had made these changes and that the service was meeting regulations. At this inspection we rated the practice as good for providing safe and well led services. The overall rating for the practice is now good. For this reason we have only rated the location for the key questions to which this related. This report should be read in conjunction with the full inspection report of 7 April 2016. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westfield Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings were:

- The practice had processes in place to maintain and monitor the security of blank prescriptions.
- Risk assessments had been completed and policies implemented for legionella and hazardous substances.
- A business continuity plan was in place and other policies and risk assessments had been recently reviewed and updated.
- Recommended training had been undertaken by practice staff and staff appraisals had been undertaken.
- Lessons learnt from significant events and complaints were shared to drive improvement.
- Action had been taken to actively seek the views of service users.

# 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. Since our last inspection in April 2016 systems had been put in place to ensure safe patient care.

- All equipment that contained mercury had been removed from the practice premises.
- The practice had identified and reviewed the risks relating to legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and hazardous substances, such as cleaning products.
- We saw evidence that a comprehensive business continuity plan had been put into place.
- There was a system for the security of blank handwritten prescriptions.

Good



### Are services well-led?

The practice is rated as good for providing well led services. Since our last inspection in April 2016 systems had been put in place to ensure good governance.

- Policies and risk assessments had been reviewed and updated
- Learning from significant events were documented and shared to drive improvement.
- Staff appraisals had taken place and essential training undertaken.
- The practice had identified 208 patients who were also carers, which represented 4.6% of their patients registered.

Good



# 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

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well Led domains mean the rating for this population group is now rated as Good.

Good



### People with long term conditions

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well Led domains mean the rating for this population group is now rated as Good.

Good



### Families, children and young people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well Led domains mean the rating for this population group is now rated as Good.

Good



### Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well Led domains mean the rating for this population group is now rated as Good.

Good



### People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well Led domains mean the rating for this population group is now rated as Good.

Good



### People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe and Well Led domains mean the rating for this population group is now rated as Good.

Good



# Westfield Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

The focussed inspection was undertaken by a CQC inspector.

### Why we carried out this inspection

We carried out a comprehensive inspection on 7 April 2016 and published a report setting out our judgements. The practice was rated as requires improvement overall, specifically we found the practice required improvement for safe and well led services and was good for providing effective, caring and responsive care. We asked the practice to send a report of the changes they would make to comply with the regulations they were not meeting. We have followed up to make sure the necessary changes had been made and found the practice was meeting the fundamental standards included within this report. This report should be read in conjunction with the full inspection report.

### How we carried out this inspection

We undertook a focused inspection of Westfield Surgery on 8 December 2016. This was carried out to check that the practice had completed the actions they told us they would take to comply with the regulations that we found had been breached during an inspection in April

2016. To complete this focussed inspection we:

- Reviewed relevant records.
- Spoke with a GP.

Because this was a focused follow up inspection we looked at two of the five key questions we always ask:

- Is it safe?
- Is it well led?

# Are services safe?

## Our findings

The practice is rated as good for providing safe services.

When we visited the practice in April 2016 we found that the practice had failed to assess the risks to health and safety of service users receiving care and treatment and had not done all that was reasonably practicable to mitigate any such risks. Specifically:

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. However we found a number of these were not dated and had not been reviewed, for example, storage of liquid nitrogen.
- Risk assessments had not been completed for, mercury spills; cleaning products governed by the control of substances hazardous to health (COSHH) legislation or legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice did not have a system for the security of handwritten blank prescriptions. They were kept in an unlocked cupboard in the reception and GPs carried prescription pads in their medical bags. The practice had no system in place to track prescription movement and serial numbers.
- Significant events were not fully documented and lessons learnt were not shared widely to drive improvement.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Subsequently the practice provided us with an action plan that detailed the changes they would make to ensure compliance.

We undertook a focussed inspection on 8 December 2016 to review these systems and ensure the improvements had been completed. From our focussed inspection we found:

### Monitoring risks to patients

- All equipment that contained mercury had been removed from the practice premises.
- The practice had identified and reviewed the risks relating to legionella and hazardous substances, such as cleaning products. The practice had a comprehensive business continuity plan to help deal with major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A meeting had taken place with all staff to discuss roles and responsibilities if the continuity plan needed to be implemented.
- The practice had a system to monitor and store blank prescriptions securely. We saw evidence that a member of staff had been nominated to ensure records were maintained and a twice yearly audit was carried out.
- There were comprehensive arrangements for identifying, recording and managing risks and implementing mitigating actions.
- We saw evidence of practice meeting minutes, where significant event discussions had taken place and lessons learnt were documented and shared with the wider team to drive improvement.

Our focussed inspection found that the practice had made sufficient improvements and the completed actions also ensured that regulations relating to this aspect of the safe delivery of services and management of medicines were being met. This enabled us to provide an updated rating for the provision of safe services.

# Are services well-led?

Good 

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

## Our findings

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

When we visited the practice in April 2016 we found that the practice had failed to assess, monitor and improve the quality and safety of the services (including the quality of the experience of service users in receiving those services). Examples of this were:

- There was a limited approach to obtaining the views of people who use the services and other stakeholders. Feedback was not always reported on or acted on in a timely way.
- The practice had failed to monitor and implement appraisals and essential training for staff.
- Risk assessments were undated and had not been regularly reviewed.

We also told the practice they should:

- Improve the identification of patients who were also carers.

Subsequently the practice provided us with an action plan that detailed the changes they would make to ensure compliance.

We undertook a focussed inspection on 8 December 2016 to review these systems and ensure the improvements had been completed. From our focussed inspection we found:

### Governance arrangements

- The practice now has a business continuity plan, a system to monitor and store blank prescriptions securely, significant events were discussed and shared as required and they have comprehensive arrangements in place for identifying, recording and managing risks.
- The practice had actively sought and acted upon service user's feedback. In the six months prior the inspection in April 2016 eleven responses had been received. In the subsequent six months 91 responses had been received and few minor suggestions that had been made were implemented.
- We saw that staff appraisals had been undertaken for all staff.
- Staff were given protected learning time to ensure essential learning was completed. We saw that all staff had received basic life support training and we saw evidence of certificates awarded for other training undertaken.
- The practice had improved their identification of carers. A code was now used on the practice computer system. We saw evidence that the practice had identified 208 patients as carers which represented 4.6% of their registered patients.

Our focussed inspection found that the practice had made sufficient improvements and the completed actions also ensured that regulations relating to governance arrangements were being met. This enabled us to provide an updated rating for the provision of well led services.