Wellside 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

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 Wellside Medical Centre on 9 November 2016. The overall rating for the practice was good but it was rated as 'requires improvement' for providing safe services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Wellside Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 1 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 9 November 2017. 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 provider had amended their protocol for chaperoning and only those staff who had received a DBS check were able to provide this service for patients.
- The provider had strengthened their processes for recording actions following safety and MRHA alerts. These were discussed at two-weekly clinical meetings to ensure all relevant staff knew of the actions required to address the alerts and provide an opportunity for learning.
- The provider had implemented weekly meetings for reception and administration staff with the practice manager where actions and outcomes were recorded and accessible to staff. A member of staff from the reception and administration teams were also invited to each clinical meeting.
- The partners had met to explore reasons for high exception reporting in respect of mental health disorders for 2015/16. They had increased the availability of clinical staff and flexibility of appointments offered and improved their recall system. This had resulted in more appointments being offered to patients and a reduction in exception reporting in four out of the six indicators for mental health disorders of between 10% and 17%. This was comparable to CCG and national averages.
- The practice had recruited a new practice manager who was experienced in management within the NHS.

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?

Good

The practice is rated as good for providing safe services

- The provider had strengthened their risk assessment processes with regard to ensuring that staff who acted as a chaperone had received a DBS check.
- Reception and administration staff acted as a chaperone when required and had been trained for this role. All these staff had received a Disclosure and Barring Services (DBS) check.

Summary of findings

The six population groups and what we found

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

People experiencing poor mental health (including people with dementia)

Good

The partners had met to explore reasons for high exception reporting in respect of mental health disorders for 2015/16.

They had increased the availability of clinical staff and flexibility of appointments offered and improved their recall system.

This had resulted in more appointments being offered to patients and a reduction in exception reporting in four out of the six indicators for mental health disorders of between 10% and 17%. This was comparable to CCG and national averages for 2016/17.

Wellside Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Wellside Medical Centre

Wellside Medical Centre provides general medical services to approximately 8,099 patients, and is run by a partnership of three GPs (two male and one female) and a salaried GP who is female.

The main practice is in Derby with a branch surgery located nearby in the area of Mackworth. Patients can attend either the main practice or the branch practice.

We did not visit the branch practice as part of our inspection.

The practice population live in an area of high deprivation, which is the 2nd most deprived on the decile scale. Income deprivation affecting children is 8% higher than the national average and affects older people by around 12% more than the CCG average.

Around 11% of the practice population are unemployed which is double the CCG and national averages, which are both 5%.

The practice demand for people with a chronic illness is significantly higher than CCG and national averages.

The practice team includes a lead nurse four practice nurses, and a health care assistant (HCA). There is a full time practice manager, a reception manager and a number of reception and administrative staff.

The practice is generally open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 12noon and 3.30pm to 5.30pm Monday to Friday. Extended surgery appointments are available each Saturday from 8am to 11am and are pre-bookable.

The practice does not provide out-of-hours services to the patients registered there. During the evenings and at weekends an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 telephone number.

Why we carried out this inspection

We undertook a comprehensive inspection of Wellside Medical Centre on 9 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good but it was rated as 'requires improvement' for providing safe services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Wellside Medical Centre on our website at www.cqc.org.uk.

We undertook an announced desk-based follow up inspection of Wellside Medical Centre on 1 November 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.

Detailed findings

How we carried out this inspection

We carried out an announced desk-based follow up inspection of Wellside Medical Centre on 1 November 2017. This involved reviewing evidence that demonstrated that:

- A DBS check had been conducted for relevant staff who undertook the role of chaperone.
- Meetings were being held that included administration and reception staff.
- Records were kept of actions taken following MHRA alerts.
- Quality and Outcomes Framework (QoF) exception reporting for mental health disorders had improved.

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.

Good

Are services safe?

Our findings

At our previous inspection on 9 November 2016, we rated the practice as requires improvement for providing safe services. People were at risk of harm because some staff who acted as chaperones had not received a DBS check and the provider had not conducted a risk assessment for staff in the absence of a DBS check.

We also recommended that the provider should make the following improvements:

- Consider implementing a formal meeting structure that includes reception and administration staff.
- Strengthen record keeping in relation to actions taken following a safety alert or MRHA alert, and ensure that staff follow the practice's own protocol.
- Explore the reasons for high exception reporting in respect of mental health indicators and consider ways to reduce this to minimise risks to patient health and wellbeing

These arrangements had significantly improved when we undertook a desk-based follow up inspection on 1 November 2017. The practice is now rated as good for providing safe services.

Monitoring risks to patients

The provider had strengthened their processes with regards to conducting risk assessments for staff acting as chaperones and had taken the decision to only allow staff to act as chaperones once a satisfactory DBS check had been conducted. We saw that all staff who acted as chaperones had received a DBS check.

Overview of safety systems and process

The provider had taken action to improve their process for recording actions taken following MRHA and safety alerts. The practice manager received the alerts and passed these to the relevant staff to follow up. The medicines management team dealt with all medicines related alerts. Actions were recorded and the alerts were discussed at each clinical meeting every two weeks.

The provider had implemented weekly meetings for reception and administration staff with the practice manager where actions and outcomes were recorded and accessible to staff. A member of staff from the reception and administration teams were also invited to each clinical meeting.