

White House Farm Medical Centre

Quality Report

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Date of inspection visit: 19 January 2017

Date of publication: 07/03/2017

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 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 of this practice on 10 May 2016. The overall rating for the practice was good with requires improvement for being well-led. The full comprehensive report for the inspection of 10 May 2016 can be found by selecting the 'all reports' link for White House Farm Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 19 January 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 10 May 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 for being well-led and remains requires improvement for those people experiencing poor mental health (including people living with dementia).

Our key findings across the areas we inspected were as follows:

- The partners had reviewed the governance framework to support the performance of the practice. There was

a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff on the desktop of computers and as paper files. At the time of our inspection two practice managers had been employed temporarily to support the practice as the practice manager post was vacant. They were currently in the process of recruiting a new practice manager.

- We were shown records of incidents reported since our last inspection. Incident forms were completed and included a review of relevant policies and procedures. Staff told us they were aware how to report incidents and also were briefed about learning points from them when it involved their role.
- The GPs had reviewed the clinical performance of the practice which was now discussed at clinical meetings. Overall outcomes were under review as part of the practice's clinical performance monitoring. Staff we spoke with were aware of the practice achievement for Quality Outcomes Framework (QOF) for 2015/16. We noted there had been improvement in some areas, for example:
 - Asthma indicators had improved from 61% in QOF 2014/15 to 80% in QOF 2015/16.
 - Chronic obstructive pulmonary disease outcomes had improved from 73% in QOF 2014/15 to 77% in QOF 2015/16.

Summary of findings

- The practice had improved the recording of alcohol consumption for those with complex mental health illness from 44% in QOF 2014/15 to 80% in QOF 2015/16.

However, there had been a decline in other indicators. For example:

- Of those with complex mental health illness 78% had a comprehensive agreed care plan in their record in the last 12 months in QOF 2014/15 which had declined to 28% in QOF 2015/16.

There was an area of practice where the provider should make improvements:

- Review the care provided to those people experiencing poor mental health (including people living with dementia) to ensure annual reviews take place and are recorded.

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 well-led?

The practice is rated as good for being well-led.

- The partners had reviewed the governance framework to support the performance of the practice. Two practice managers had been employed temporarily to support the practice as they had a practice manager vacancy. They were currently in the process of recruiting a new practice manager.
- We were shown records of incidents reported since our last inspection. Incident forms were completed and included review of relevant policies and procedures. Staff told us they were aware how to report incidents and also were briefed of learning from them when it involved their role.
- The GPs had reviewed the clinical performance of the practice which was now discussed at clinical meetings. Overall outcomes were under review as part of the practice's clinical performance monitoring.
- We noted there had been improvement in some areas and a decline in another.

Good



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)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people living with dementia).

- Of those with complex mental health illness 78% had a comprehensive agreed care plan in their record in the last 12 months in Quality and Outcomes Framework (QOF) 2014/15 which had declined to 28% in QOF 2015/16.

The registered manager explained they were in the process of reviewing the recall system for patients with complex mental health illness to ensure annual reviews were recorded as these patients were often seen opportunistically rather than at planned review appointments.

The practice had improved the the recording of alcohol consumption for those with complex mental health illness from 44% in QOF 2014/15 to 80% in QOF 2015/16.

Requires improvement



White House Farm Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and a second CQC inspector.

Background to White House Farm Medical Centre

White House Farm Medical Centre is located in Armthorpe on the outskirts of Doncaster. The practice provides services for 6,335 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fifth more deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area.

The practice has three GP partners, two female and one male. They are supported by three practice nurses, a healthcare assistant, two supporting practice managers and a team of reception and administrative staff. The practice is open between 8am to 6pm Monday to Friday. Appointments with GPs, practice nursing staff and the healthcare assistant are available during the surgeries opening hours. A phlebotomy service with the healthcare assistant was available daily.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

The practice is located in a purpose built building with all patient facilities on the ground floor. There are disabled car parking spaces within the car park at the front of the building.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 the registered manager was in the process of adding a new GP partner to the CQC registration.

Why we carried out this inspection

We undertook a comprehensive inspection of White House Farm Medical on 10 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as overall good with requires improvement for well-led and people experiencing poor mental health (including people living with dementia). The full comprehensive report following the inspection can be found by selecting the 'all reports' link for White House Farm Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of White House Farm Medical on 19 January 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 visit on 19 January 2017. During our visit we spoke with the two supporting practice

managers, registered manager and reception staff. We reviewed the actions taken by the practice since our last inspection and looked at the information the practice used to deliver care and treatment to patients.

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 10 May 2016 we rated the practice as requires improvement for providing well-led services as the provider did not ensure all incidents and near misses were captured as part of the practice incident reporting process and review of the practice's performance did not contribute to a programme of clinical quality improvement.

These arrangements had improved when we undertook this follow up inspection on 19 January 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

The partners had reviewed the governance framework to support the performance of the practice. There was a clear staffing structure and staff were aware of their own roles and responsibilities. In addition, since our last inspection, the partners had employed an advanced nurse practitioner in September 2016 to provide more appointments to patients.

Practice specific policies were implemented and were available to all staff on the desktop of computers and paper files. Two practice managers had been employed temporarily to support the practice as the practice manager post was vacant. They were currently in the process of recruiting a new practice manager.

The GPs had reviewed the clinical performance of the practice which was discussed at clinical meetings. Overall outcomes were under review as part of the practice's clinical performance monitoring. Staff we spoke with were aware of the practice achievement for Quality Outcomes Framework (QOF) for 2015/16. We noted there had been improvement in some areas, for example:

- Asthma indicators had improved from 61% in QOF 2014/15 to 80% in QOF 2015/16.

- Chronic obstructive pulmonary disease outcomes had improved from 73% in QOF 2014/15 to 77% in QOF 2015/16.
- The practice had improved the recording of alcohol consumption in for those with complex mental health illness from 44% in QOF 2014/15 to 80% in QOF 2015/16.

However, there had been a decline in other indicators. For example:

- Of those with complex mental health illness 78% had a comprehensive agreed care plan in their record in the last 12 months in QOF 2014/15 which had declined to 28% in QOF 2015/16.

The registered manager explained they were in the process of reviewing the recall process for patients with complex mental health illness to encourage more to attend their annual review. This included reviewing the content of the invite letter and follow up systems to motivate attendance.

At our last inspection in May 2016 we observed some events and near misses were not reported as an incident or significant event and alternatively discussed at the clinical meetings. During this inspection we were shown records of incidents reported since our last inspection. Incident forms were completed and included a review of relevant policies and procedures. Staff told us they were aware how to report incidents and also were briefed about learning points from them when it was relevant to their role. The practice had reviewed the meeting schedule and set weekly time aside when all three GP's were on site to have meetings and then full practice meetings were scheduled quarterly during practice learning time. We were told an annual review meeting of outcomes and learning from complaints and incidents would be summarised and held when the new practice manager was in post at the end of the QOF year.