

Windmill Health Centre

Inspection report

Mill Green View
Leeds
West Yorkshire
LS14 5JS
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www.windmillhealthcentre.nhs.uk

Date of inspection visit: 30 May 2019 to 30 May 2019
Date of publication: 16/07/2019

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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall and as Requires Improvement for the provision of safe services. In addition, we rated all population groups as Good except for Families, children and young people which we rated Requires Improvement for providing effective services.

This practice was previously inspected in October 2018 when it was rated as Inadequate overall and placed in special measures. In addition, the practice had received a focused inspection in February 2019 to assess compliance with breaches identified during the October 2018 inspection. This focused inspection was not rated.

At the inspection, carried out in October 2018 the practice was rated as Inadequate and placed in special measures because:

- The provider did not maintain oversight of staff training and could not be assured that all staff had undertaken safeguarding training relevant to their role. Not all relevant staff had a DBS check on file or evidence of references, including a GP. Staff joining the practice since 2016 had not been offered fire safety training.
- Locum staff were sourced through recognised agencies. However; there was no practice policy for what information and checks were required prior to appointment. Information supplied by the agencies that we reviewed during the inspection, did not consistently evidence safeguarding training or professional indemnity.
- The safeguarding policies were undated and limited in scope.
- The system to manage infection prevention and control (IPC) was not effective.
- Patient Group Directions (PGDs) were not correctly authorised.
- Prescription stationery was not monitored by the provider for audit and security purposes.
- Resuscitation guidance stored with emergency equipment was out of date.
- Recommended monitoring checks for the risk of legionella were not undertaken.
- Weekly fire alarm tests had not been undertaken for a period of six months.
- There was a backlog of patient records that required summarising.
- Significant event recording was ineffective as records lacked sufficient detail to allow for improvements to be identified and shared.
- The provider could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles.
- Staff induction and appraisal was undertaken informally and was not consistently documented across the team.
- Staff did not have a documented induction plan and some staff were overdue their annual appraisal.
- The provider did not have a policy on occupational health or lone working. Adult and child safeguarding policies were undated and limited in scope.
- Outcomes and discussions of staff and clinical meetings were not always documented. Those that were taken were limited in scope and did not provide assurance that matters raised had been addressed or carried forward.

Requirement and warning notices were served at this time to rectify breaches in legal requirements in relation to Regulation 12(1), Safe care and treatment, Regulation 17(1), Good governance and Regulation 19(3) Fit and proper persons employed.

At the next inspection, carried out in February 2019, which was made to confirm that the provider had responded to warning notices from the October 2018 inspection we found that the provider had made the required improvements in most areas identified during the previous inspection. However, the provider had not sufficiently acted on the findings of the most recent Infection Control and Prevention (IPC) audit and we found that the practice premises were in a poor state of repair. We saw that the condition of the building had deteriorated since our last inspection. In response to these breaches a further warning notice was served in relation to a breach of Regulation 15 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with a compliance date for completion of 5 April 2019.

At this inspection carried out on 30 May 2019, we found that the provider had made significant progress and addressed most of the areas highlighted for action. However, structural improvements had only partially been completed and works were ongoing to improve the condition of the consultation and treatment rooms.

Overall summary

We based our judgement of the quality of care at the 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 Good overall, and as Requires Improvement for the provision of safe services. In addition, we rated all population groups as Good except for Families, children and young people which we rated Requires Improvement for providing effective services.

We rated the practice as requires improvement for the provision of safe services because:

- The improvements required to the physical condition of the consultation and treatment rooms had not been fully completed. The provider had an action plan in place, had prioritised the works required, and was working to complete these.
- The provider was not fully assured that staff immunity status checks had been carried out in relation to measles, mumps and rubella, and varicella.

We rated the practice requires improvement for providing effective services to Families, children and young people because:

- Child immunisation performance was below the minimum target of 90%.

At this inspection we found:

- The provider had made some improvements to the structural condition of the practice. However, this had not been fully completed and work was still ongoing to achieve compliance to the necessary standard required.
- The practice had clear systems in place to manage risk and keep people safeguarded from abuse. This included training staff in supporting patients who had suffered from domestic abuse and hosting a weekly support clinic for domestic abuse patients.

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice worked well with other stakeholders to deliver and coordinate care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had put in place a support programme for their Advanced Care Practitioner.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure all premises and equipment used by the service provider is fit for use.

The areas where the provider **should** make improvements are:

- Improve staff immunity status checks to give assurance that necessary checks have been carried out in relation to measles, mumps and rubella, and varicella.
- Continue to reduce the small backlog of patient correspondence which needed scanning and placing on the patient record.
- Work to improve child immunisation performance.
- Review and improve performance in relation to the number of cancer reviews carried out with patients within six months of diagnosis.

I am taking the service out of special measures. This recognises the improvements made to the quality of care provided by the service. Details of our findings and evidence supporting our decisions and ratings are set out in the evidence table.

Dr Rosie Benneyworth BE BS BMed Sci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Requires improvement	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Windmill Health Centre

The Windmill Health Centre is located at Mill Green View, Leeds, West Yorkshire, LS14 5JS. The practice provides services for approximately 8,800 patients under the terms of a Personal Medical Services (PMS) contract. The patient list is currently closed to new registrations due to building constraints. The practice buildings are accessible for those with a physical disability or mobility issues. In addition, the practice has on-site parking available for patients, with designated spaces for disabled patients who require them.

The practice population catchment area is classed as within one of the second most deprived areas in England on a scale of one to ten, with a rating of one being the most deprived and ten the least deprived. The National General Practice Profile states that 89% of the practice population is from a White or mixed British background.

The Windmill Health Centre is registered with the Care Quality Commission to provide the following regulated activities; surgical procedures, diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice offers a range of enhanced local services including those in relation to:

- childhood vaccination and immunisation
- travel vaccinations

- Influenza and Pneumococcal immunisation
- Joint injections
- Contraceptive services, including the fitting of coils and implants.

As well as these enhanced services the practice also offers additional services such as those supporting long-term conditions management including spirometry for lung conditions, ECG and blood pressure monitoring, advice and support for alcohol misuse, weight loss and social prescribing.

The clinical team consists of six GPs partners (three male/three female), one salaried GP (male), one Advanced Care Practitioner (female), two practice nurses (female) and four health care assistants (female). The provider is also an accredited training practice. The clinical team is supported by a practice manager and a team of administrative and management support staff. Allied with the practice is a team of community health professionals that includes health visitors, community matrons, midwives, members of the district nursing team and pharmacy professionals.

The practice offers:

- Pre-bookable appointments
- Urgent and on the day appointments
- A walk-in clinic

- Telephone consultations
- Home visits

Appointments can be made in person, online or by telephone. Practice opening times are:

Monday - 8am to 6pm

Tuesday – 7am to 8pm

Wednesday – 8am to 6pm

Thursday – 8am to 6pm

Friday – 8am to 6pm

Out of hours care is provided by Local Care Direct Limited.

The previously awarded ratings are displayed as required in the practice and on the practice website.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person did not do all that was reasonably practicable to ensure that the premises was maintained in a suitable condition for the purpose for which they were being used. In particular the provider must continue to work through their premises action plan as follows:</p> <ul style="list-style-type: none">• Some sinks and worktops located in clinical rooms require updating or replacing.• Taps to sinks located in clinical rooms require updating or replacing.• Areas of woodwork in some clinical rooms needs repainting.• Examine upgrading the ventilation in the premises.• The planned treatment room refurbishment / relocation to be followed through to completion. <p>This was in breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>