

# Westwood Medical Health 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 well-led?

Requires improvement



# 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 Westwood Medical Health Centre on 15 November 2016. The overall rating for the practice was good. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Westwood Medical Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection which was carried out on 25 October 2017 to confirm that the practice had completed their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- The collection of urine samples was carried out in an appropriate manner at both the main and branch practices. Disposable gloves were available if needed. A plastic jug was no longer used at the branch practice.

- Staff had received updated training in infection prevention and control.
- We saw evidence that the fridge temperature of the vaccine fridge at the branch surgery was tested every day and documented. Plugs at the main and branch practices had labels advising that they should not be switched off.
- There was a system for documenting the transportation of vaccines between the main and branch practices.
- We saw that locum recruitment checks were carried out before employment.
- Best practice guidance from the National Institute for Health and Care Excellence (NICE) was implemented and shared.
- The system for receiving, circulating, actioning and tracking alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) was not effective.
- The system for tracking prescription stationery in the practice was well-embedded.
- Oxygen was not stored in an easy to carry/protective case.
- All staff were encouraged to report incidents and events within the practice.

# Summary of findings

- Although incidents and events and complaints were discussed and analysed at a meeting with senior staff, no formal records were kept. There was no audit trail of the discussion and learning points that took place.
- Verbal complaints were recorded as well as written complaints.
- Full practice meetings had not yet taken place, although one was scheduled for January 2018.
- There was a business continuity plan and staff knew how to access it.

However, there were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Review the procedure for transporting oxygen safely in the event of an emergency.
- Review the procedure for recording discussions at meetings to provide a full account of the decisions and learning outcomes so that there is an audit trail.

At our previous inspection on 15 November 2016, we rated the practice as requires improvement for providing well-led services as the practice had not ensured effective governance and assurance processes to monitor the service in all areas of the practice. At this inspection we found that the provider had still not ensured that there were effective governance and assurance processes to monitor the service in all areas of the practice. Consequently, the practice is still rated as requires improvement for providing well-led services.

**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 measures to ensure proper and safe management of medicines were now effective, particularly in relation to the cold chain arrangements, the vaccine fridge temperatures at the branch practice, the transportation of vaccines between sites and the security of fridge plugs.
- All recruitment checks were completed prior to employment, in particular for locum staff.
- The tracking system for monitoring prescription stationery in the practice had become embedded.
- Staff routinely reported incidents and events within the practice.
- Verbal complaints were now recorded, so they could be used to inform trend analysis.
- NICE guidelines were followed and meeting minutes evidenced that they were discussed at practice meetings.
- There were no systems to demonstrate how the practice implemented and shared the Medicines and Healthcare products Regulatory Agency (MHRA) alerts including searches and any action taken.
- Oxygen was not stored in an easy to carry/protective casing, so it would have been awkward to transport in the event of an emergency.

**Requires improvement**



# 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

Following our comprehensive inspection on 15 November 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our follow up focused inspection to alter this rating.

Good



### People with long term conditions

Following our comprehensive inspection on 15 November 2016 we rated the practice as good for the population group of people with long-term conditions. We did not review any evidence during our follow up focused inspection to alter this rating.

Good



### Families, children and young people

Following our comprehensive inspection on 15 November 2016 we rated the practice as good for the population group of families, children and young people. We did not review any evidence during our follow up focused inspection to alter this rating.

Good



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

Following our comprehensive inspection on 15 November 2016 we rated the practice as good for the population group of working age people (including those recently retired and students). We did not review any evidence during our follow up focused inspection to alter this rating.

Good



### People whose circumstances may make them vulnerable

Following our comprehensive inspection on 15 November 2016 we rated the practice as good for the population group of people whose circumstances may make them vulnerable. We did not review any evidence during our follow up focused inspection to alter this rating.

Good



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

Following our comprehensive inspection on 15 November 2016 we rated the practice as good for the population group of people experiencing poor mental health (including people with dementia). We did not review any evidence during our follow up focused inspection to alter this rating.

Good



# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

### Action the service **SHOULD** take to improve

- Review the procedure for safely transporting oxygen in the event of an emergency.
- Review the procedure for recording discussions at meetings to provide a full account of the decisions and learning outcomes so that there is an audit trail.

# Westwood Medical Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The follow up focused inspection was led by a CQC Lead Inspector and included a GP specialist advisor.

## Background to Westwood Medical Health Centre

Westwood Medical Health Centre is located in Tile Hill, Coventry. It is part of the NHS Coventry and Rugby Clinical Commissioning Group (CCG). The practice has a branch surgery based at Mayors Croft, Coventry, which we also visited during the inspection in October 2017. The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of the October inspection, Westwood Medical Centre was providing care to 5,041 patients.

The practice has some patient areas on the first floor, accessible by lift or stairs. A ramped front entrance and disabled facilities are available. The practice pays for car parking facilities for its patients based at the rear of the practice and has limited car parking to the front. The practice provides GP services in an area of deprivation within its locality.

The main practice is open Monday to Friday from 8.30am to 7.30pm (excluding bank holidays) with the exception of Thursdays when the practice closes at 1pm. Appointments are available during these times. Mayors Croft, the practice

branch surgery, is open during the week from 8.30am to 12.15pm and from 3pm to 4.30pm, apart from Thursday afternoons when the practice closes. Appointments at the branch surgery are available during the mornings only. Both the main practice and the branch surgery are closed at weekends. There is an answerphone message on Thursday afternoons; patients can be put through to the duty GP if they cannot wait until the practice re-opens in the morning. The practice offers pre-bookable appointments that can be booked up to four weeks in advance, same day appointments and telephone consultations. Urgent appointments are also available for patients who need them.

The practice does not provide an out-of-hours service but has alternative arrangements for patients to be seen when the practice is closed through NHS 111, the out-of-hours service provider. The practice telephone lines are closed between 8am and 8.30am; calls to the service are taken by the out of hours provider. Patients can also access GP and nurse appointments at one of the three hubs in the local area. This service is provided by the Coventry and Rugby GP Alliance and is open from 8.30am until 9pm during the week and from 9am until mid-day on Saturdays (10am until 1pm on Sundays at the City of Coventry Health Centre only).

There are three GP partners, a business partner, two office managers, two practice nurses and reception and administrative staff.

The practice provides a number of services, for example, long term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Westwood Medical Health Centre on 15 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing well-led services but was rated good overall. The full comprehensive report following the inspection in November 2016 can be found by selecting the 'all reports' link for Westwood Medical Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Westwood Medical Health Centre on 25 October 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.

## How we carried out this inspection

We carried out a follow up focused inspection of Westwood Medical Health Centre on 25 October 2017. We also visited the branch surgery at Mayors Croft as part of the inspection.

During our inspection we:

- Spoke with a range of staff, including the lead GP, the business partner, the office managers and reception staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.



# Are services well-led?

Requires improvement 

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

## Our findings

**At our previous inspection on 15 November 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.**

**We issued a requirement notice in respect of these issues and found that although some arrangements had improved not all areas had been addressed when we undertook a follow up inspection of the service on 25 October 2017. The practice is still rated as requires improvement for being well-led.**

### Vision and strategy

We saw the practice's business plan, which had not been documented at the November 2016 inspection. The business plan included details of future strategy. For example, we noted that the practice had expressed interest in joining with three other practices in the local area and with participating in the Coventry and Rugby GP Alliance scheme to provide clinical pharmacists in local practices.

### Governance arrangements

There were systems for identifying, recording and managing risks, issues and implementing mitigating actions for the following areas which were highlighted at the previous inspection:

- We saw evidence that the fridge temperature of the vaccine fridge at the branch surgery was tested every day and documented. Plugs at the main and branch practices had labels advising that they should not be switched off.
- There was a system for documenting the transportation of vaccines between the main and branch practices.
- We saw that locum recruitment checks were carried out before employment.
- The system for tracking prescription stationery in the practice was well-embedded and in line with NHS Protect Security of prescription forms guidance.

- Verbal complaints were recorded as well as written complaints.
- National Institute for Health and Care Excellence (NICE) guidelines were followed and meeting minutes evidenced that they were discussed at practice meetings.
- All staff were encouraged to report incidents and events. We saw that four incidents had been reported by non-clinical staff and that the incidents had been discussed at a practice meeting, although there was not a full record of the discussion. This meant that there was not a clear audit trail of actions taken or learning outcomes.
- Staff we spoke with were aware of the business continuity plan and knew how to access it.

However, the system for receiving and taking action in relation to alerts from the Medicines and Healthcare products Agency (MHRA) was not effective. Alerts were emailed to the business partner, who printed hard copies and circulated them to clinical staff. There was no summary of MHRA alerts or action taken. We found that MHRA alerts were not consistently actioned. For example, we did not see evidence that one recent alert regarding an antifungal oral gel had been received or actioned. The practice did not receive the Monthly MHRA Drug Safety Updates, but this was rectified during the inspection. We received evidence subsequently to show that the practice took immediate action to put right the issues highlighted during the inspection. The practice also received support from the Coventry and Rugby Medicines Management team who carried out retrospective searches to ensure that no patient had come to any harm as a result of any MHRA alerts not having been actioned during the past two years.

### Leadership and culture

We saw that regular meetings were held in the practice, but that these did not yet include full practice meetings. We were told that a full practice meeting was scheduled for January 2018 and that another would be held in the summer of 2018.

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 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular the registered person did not have an effective system for receiving, actioning and tracking alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).