

Wellington Medical Practice

Inspection report

The Health Centre
Victoria Avenue, Wellington
Telford
TF1 1PZ
Tel: 01952226000

Date of inspection visit: 11 October 2023
Date of publication: 12/12/2023

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	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Requires Improvement	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at Wellington Medical Practice on 11 October 2023. Overall, the practice is rated as Requires Improvement. We rated the key questions:

Safe: Requires Improvement

Effective: Requires Improvement

Caring: Requires Improvement

Responsive: Inadequate

Well-led: Requires Improvement

Following our previous inspection on 20 August 2018, the practice was rated as good overall. It was rated as good for providing safe, effective, caring and well-led services and requires improvement for providing responsive services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Wellington Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out a comprehensive inspection because the last rating was awarded more than five years ago. We also inspected so we could follow up on improvements made as a result of the previous inspection, and in response to feedback/intelligence we had received about the service.

Our focus included:

- Safe, effective, caring, responsive and well led key questions.
- A follow up on the advisory actions identified in our previous inspection.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing and in person on site.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Staff questionnaires.
- Feedback from external stakeholders.
- An interview with a representative of the patient participation group (PPG)

Overall summary

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services
- information from the provider, patients and other organisations.

We found:

- Safeguarding systems were in place and staff demonstrated a clear understanding of the reporting and recording processes.
- Areas of the practice we observed were clean and hygienic.
- Staff recruitment checks had not been carried out in accordance with regulations.
- The system for recording and acting on safety alerts was not always effective.
- Health and safety risk assessments had been carried out and actions taken to mitigate identified safety risks for patients and staff.
- Patients with a potential missed diagnosis of diabetes had not received care in line with best practice guidance.
- Most staff were up to date with essential training requirements and were provided with good opportunities for learning and development to expand their role of professional practice.
- The practice had a limited programme of quality improvement.
- The management of patients with a long-term condition was not always effective.
- Patients were not always treated with kindness, respect and compassion.
- Results of the national GP patient survey were lower than local and national averages with 3 of the 4 indicators being either a negative variation or tending towards a negative variation for providing caring services. Patient satisfaction for the previous 5 years was consistently below local and national averages.
- The practice had a designated staff champion for carers and had identified 769 patients registered as carers, 5% of the practice population.
- All 4 indicators from the national GP patient 2023 survey for the practice were significantly lower than local and national averages for accessing the service.
- Staff felt supported in their work and found leaders approachable, supportive and visible.
- Structures, processes, and systems to support good governance were in place but not fully embedded into practice.

We found a breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed

The provider **should**:

- Evaluate the National GP patient survey results for the practice and implement an improvement strategy to improve patient experiences.
- Implement measures to actively and effectively engage with the patient participation group.
- Take action to improve the number and quality of medicine reviews.
- Take steps to improve patient privacy and dignity at the reception desk.
- Implement a programme of targeted quality improvement.
- Review the responsibilities of the role of the practice co-ordinator/patient engagement lead.
- Take action to improve childhood immunisations uptake for 5 year olds to meet minimum target.

Overall summary

- Take steps to obtain records of staff immunisations for those staff with direct patient contact, including reception staff.
- Take action to evaluate and improve the effectiveness of how patients are reviewed and supported in care homes by the practice.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Healthcare

Our inspection team

Our inspection team was led by a CQC lead inspector and was supported by a second inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Wellington Medical Practice

Wellington Medical Practice is located in Shropshire at:

The Health Centre
Victoria Avenue, Wellington
Telford
TF1 1PZ

The provider is a partnership registered with CQC to deliver the regulated activities: diagnostic and screening procedures, family planning, surgical procedures and treatment of disease, disorder or injury.

The practice is located within a purpose-built health centre in Wellington, Telford and is situated within the NHS Shropshire, Telford and Wrekin Integrated Care System (ICS). The practice delivers General Medical Services (GMS) to a patient population of approximately 15,083 people. The practice is part of the Wrekin Primary Care Network (PCN), a wider network of GP practices that work collaboratively to deliver primary care services. Car parking facilities are provided within a public car park.

Information published by Public Health England reports the deprivation ranking within the practice population group is in the fourth lowest decile (4 out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 87.4% of the registered patients, with estimates of 8.7% Asian, 2.2% mixed and 1.7% other groups.

The practice team comprises: 4 GP partners, 1 nurse manager, 1 trainee advanced clinical practitioner, 2 advanced nurse practitioners, 1 urgent care practitioner, 1 nurse practitioner, 1 practice nurse and 2 nurse associates. The clinical staff are supported by a practice coordinator/patient engagement lead, and a team of reception and administrative staff. The team also includes clinical pharmacists, a first contact physiotherapist, a mental health practitioner, a cancer care co-ordinator and physiotherapist and a social prescriber as part of the primary care network (PCN).

The practice is open Monday to Friday between 8.30am and 6pm. Patients can also access an extended hours service provided by the PCN during evenings and weekends. Out of hours services are provided by Shropshire Doctors Co-operative Ltd (Shropdoc) via NHS 111.

Further details about the practice can be found by accessing the practice's website at www.wellingtonmedicalpractice.co.uk

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	How the regulation was not being met. The registered person did not have effective systems and processes to enable the registered person to assess, monitor and improve the quality and safety of the service in particular: <ul style="list-style-type: none">• Significant event forms lacked detail and it was not always clear what the learning from the incident was. Opportunities to raise significant events had been missed.• Complaints received into the practice had not always been effectively managed. It was not always clear how the practice used complaints and significant events to drive improvements within the practice.• Policies were not always adhered to in particular, responding to complaints and the recruitment of staff.• The quality improvement initiatives did not address all aspects of service delivery. The provider had not always been proactive in responding to the increasing levels of dissatisfaction raised by patients. This included: The difficulty making and obtaining timely appointments; the continued decline in patient satisfaction in the National GP patient survey; dissatisfaction raised by the patient participation group with no GP representation at meetings; the lack of oversight of patients with long term conditions including potential missed diagnosis of diabetes and the lack of structured medicines reviews.

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Treatment of disease, disorder or injury
Surgical procedures
Family planning services

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

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The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.

In particular:

- Processes to act on historical Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not fully incorporated into clinical practice.
- Significant events and complaints were not always handled in line with policy to improve patient care.
- Medication reviews were not always adequately structured or managed in a way to protect patients.
- Patients with a potential diagnosis of diabetes had not received care and treatment in line with good practice guidance.
- Patients with a potential missed diagnosis of diabetes had not received care and treatment in line with best practice guidance.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

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How the regulation was not being met.

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed in particular:

- A full employment history and satisfactory evidence of conduct in previous employment had not been obtained for all staff employed. Satisfactory information about any physical or mental health

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Requirement notices

conditions relevant to a person's ability to carry out their role was not available on all records. Documented proof of identity and records of immunisations was not available on all records. The provider had not gained assurances from the Primary Care Network that the required pre-recruitment checks had been undertaken for Additional Roles Reimbursement Scheme staff working in the practice.

- Risk assessments had not been completed for staff whilst waiting for Disclosure and Barring Service (DBS) checks.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.