

Western Ave 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



Are services effective?

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 of Western Ave Medical Centre on 26 July 2016. The overall rating for the practice was Good. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Western Ave Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 20 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 26 July 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 provider had ensured the premises were safely maintained. Evidence of a satisfactory electrical wiring inspection had been made available.

- Action had been taken to ensure that a record of the required staff recruitment information was maintained.

The following improvements to the service had also been made:

- A system for documenting reviews of significant events had been introduced.
- A system for demonstrating that patient safety alerts were being received and the action taken was in place.
- Action had been taken to ensure the safety of the premises. Regular checks of the emergency lighting were taking place and action had been taken to address the security risk presented by the windows.
- Further information about the role and remit of the medical scribe (staff member who records patient consultations) had been made available for patients.
- The procedure clinical staff follow to ensure their equipment and instruments are suitably cleaned was being recorded.

There were areas of practice where the provider must make improvements are:

Summary of findings

- Staff must receive the training necessary for their roles.

At our previous inspection we identified that the service should improve their training records to assist with the monitoring and planning for staff training needs. At this visit this had been completed. However this identified a number of training shortfalls. A training plan

was provided showing how these shortfalls were to be addressed over the next six months. As a consequence of the outstanding training the practice is rated as requires improvement for providing effective 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 safe?

The practice is rated good for providing safe services. Improvements had been made to the safety of the premises. Evidence of a satisfactory electrical wiring inspection had been made available. Action had also been taken to ensure that a record of the required staff recruitment information was maintained.

We also found that further improvements had been made to the safety of the practice. A system for documenting reviews of significant events had been introduced. A system for demonstrating that patient safety alerts were being received and the action taken was in place. Action had been taken to ensure the safety of the premises. Regular checks of the emergency lighting were taking place and action had been taken to address the security risk presented by the windows. The procedure clinical staff follow to ensure their equipment and instruments are suitably cleaned was being recorded.

Good



Are services effective?

The practice is rated requires improvement for providing effective services. The service had put a system in place for recording staff training that would enable them to monitor and plan for staff training needs. This identified a number of training shortfalls. A training plan was submitted showing how these were to be addressed over the next six months.

Requires improvement



Summary of findings

Areas for improvement

Action the service MUST take to improve

Staff must receive the training necessary for their roles.

Western Ave Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

Background to Western Ave Medical Centre

Western Ave Medical Centre is responsible for providing primary care services to approximately 3,900 patients. The practice is situated in Gordon Road, off Western Avenue, Chester. The practice has 73% of patients who are under the age of 50, with 46% being under 30 years of age. The practice is based in an area with higher levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition is slightly higher than average when compared to local and national averages.

The staff team includes two partner GPs, two salaried GPs, two nurse practitioners, two practice nurses, a phlebotomist, pharmacist, practice manager and administration and reception staff. Two GPs are male and the remaining GPs and nursing team are female. The practice is open 8am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a Personal Medical Services (PMS) contract. The practice offers a range of enhanced services such as flu and shingles vaccinations, minor surgery, near patient testing anti-coagulation and spirometry.

Why we carried out this inspection

We undertook a comprehensive inspection of Western Ave Medical Centre on 26 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good. The full comprehensive report following the inspection on 26 July 2016 can be found by selecting the 'all reports' link for Western Ave Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Western Ave Medical Centre on 20 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.

How we carried out this inspection

We carried out a desk-based focused inspection of Western Ave Medical Centre on 20 January 2017. This involved reviewing evidence that:

- The premises were safely maintained.
- Processes had been put in place to ensure a record was maintained of the required staff recruitment information.
- Improvements had been made to the management of patient safety alerts and significant events.
- Improvements had been made to procedures for the cleaning of clinical equipment and instruments and the use of the medical scribe.

Detailed findings

- Records relating to training had been 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.

Are services safe?

Our findings

At our previous inspection on 26 July 2016, we rated the practice as requires improvement for providing safe services. Improvements were needed to ensure that the premises were safe as an electrical wiring inspection had not been carried out. Improvements were also needed to the records of recruitment to demonstrate that the staff employed were suitable for their roles.

When we undertook a follow up inspection on 20 January 2017 we found that an up to date electrical wiring certificate was now in place. No staff had been employed since the inspection on 26 July 2016 however the recruitment procedures had been updated to ensure that written references were obtained and Nursing and Midwifery Council (NMC) registration was checked prior to employment. The recruitment procedures also showed how satisfactory information would be obtained about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake.

At our previous inspection on 26 July 2016 we identified improvements that should be made to improve the safety of the service. At this inspection on 20 January 2017 we found that these improvements had been made. The

practice manager informed us that a system to ensure significant events were reviewed had been introduced. The significant event recording form now enabled a review to be recorded and a review of previous significant events was planned for each team meeting. There had been no significant events since our visit in July 2016 that required a review however we were shown a record of a recent event which indicated a review would be undertaken at the next team meeting in February 2017.

The system for managing patient safety alerts had been improved. Action had been taken to ensure they were received. The practice manager told us that the Medicines and Healthcare products Regulatory Agency MHRA website was checked on a weekly basis to cross reference with alerts received. Any safety alerts were added to a log, reviewed by a clinician, appropriate action taken and the log updated. We were provided with a copy of the log to demonstrate this.

A schedule to record that clinical instruments and equipment were cleaned had been developed. We were informed that window restrictors had been fitted to the ground floor windows that presented a risk to the security of the premises and records showed that checks of emergency lighting were now being recorded.

Are services effective?

(for example, treatment is effective)

Our findings

At the last inspection on 26 July 2016 we identified that the training records needed to be improved to assist with the planning and monitoring of staff training. Staff told us they had completed training in a number of areas however there was no overall record to show the dates of completion or when training refreshers were due. At this inspection these

records had been updated using available training certificates and training records. This identified a number of shortfalls in mandatory training. For example not all staff had completed fire safety, information governance, adult safeguarding, child safeguarding or infection control training. The practice manager provided a training plan for the next six months to ensure all staff had completed the required training.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff had not received the necessary training for their roles.
Family planning services	
Surgical procedures	
Treatment of disease, disorder or injury	