

Westwood Clinic

Inspection 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 location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We rated this service as Inadequate overall. At the previous inspection in December 2018, the practice was rated as Inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out a comprehensive inspection of Westwood Clinic on 13 December 2018. The practice was rated as inadequate overall with ratings of inadequate for providing safe and well led services, requires improvement for effective and for caring services and good for providing responsive services. As a result of the findings on the day of the inspection the practice was issued with a warning notice for Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

This inspection was an announced comprehensive inspection. 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.

At the previous inspection, the practice was rated as inadequate for providing safe services. At this inspection, the practice was rated as inadequate for providing safe services because:

- We found the practice's system for managing patient and drug safety alerts was ineffective. We found the practice had not actioned two alerts, one of which affected two patients. There was no evidence to show the practice had taken action to protect those patients from avoidable harm.
- The practice's system for ensuring patients had a structured and comprehensive medicine review was not effective. We found 63% of eligible patients had not had a review within the previous 12 months and 58% of patients had not had a review within the previous 18 months.
- The practice did not have a system for ensuring prescribing by non-medical prescribers was appropriate or safe.

- We found a non-prescribing member of staff had made changes to patients' prescribed medicines. However, there was no documented evidence of discussions with or approvals from a GP.
- We reviewed consultation records and found the documentation was brief and lacking detail. Observations had been manually typed into the clinical systems so alerts such as sepsis would not automatically be triggered.
- The practice's safeguarding processes and systems were ineffective. We found that patients with safeguarding concerns did not have appropriate indicators or alerts on their records.
- We found the practice did not have oversight of the progress of actions arising from a fire risk assessment.
- The process for recording, investigating and learning from significant events was not effective. This was raised as a concern at our December 2018 inspection visit.

At the previous inspection, the practice was rated as requires improvement for providing effective services. At this inspection, the practice was rated as inadequate for providing effective services because:

- We found patients were not receiving full assessments of their clinical needs and patient care was not regularly reviewed and updated. We reviewed consultation records and found the documentation was brief and lacking detail.
- The practice's Quality Outcomes Framework (QOF) performance evidenced a higher than average exception reporting rate. We raised this as a concern during the previous inspection visit in December 2018, however the practice had taken no actions to improve this and submitted but unverified data for 2018/2019 evidenced the high exception reporting rate had been sustained.
- The practice's uptake of cervical, breast and bowel cancer screening was lower than the CCG and England averages. We raised this as a concern during the previous inspection visit in December 2018, however the practice had taken no actions to improve this.
- The practice's recall system was not effective. We found a large number of patients were overdue a medicine review and Quality Outcomes Framework data showed that not all patients received a review of their conditions, demonstrated through higher than average exception reporting rates and lower than average performance for some clinical indicators.

Overall summary

- The practice did not have a system in place for monitoring the competence of clinical staff employed. We found examples where a clinician's consultations were not completed or recorded in line with NICE guidelines and this had not been identified by the practice.

At the previous inspection, the practice was rated as requires improvement for providing caring services. At this inspection, the practice was rated as requires improvement for providing caring services because:

- The practice was aware of lower than average GP Patient Survey data however the practice had not taken or planned any action to address this.
- Patients we spoke with and some CQC comment cards received on the day of the inspection contained negative feedback in relation to the attitude of some clinicians at the practice. This was reflected by some complaints received by the practice. The practice had not taken or planned any action to address this.
- The practice had identified 37 carers and supported them, only 0.7% of the practice population.

At the previous inspection, the practice was rated as good for providing responsive services. At this inspection, the practice was rated as good for providing responsive services.

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

At the previous inspection, the practice was rated as inadequate for providing well-led services. At this inspection, the practice was rated as inadequate for providing well-led services because:

- We found the practice had not made improvements to address all the concerns noted in our previous inspection report and we identified a number of new concerns.
- We found a lack of leadership capacity and capability to successfully manage challenges and identify, implement and sustain improvements.
- The practice could not evidence that risks, issues and performance were managed to ensure the safety and quality of services.

- The practice did not always involve the public, staff and external partners to sustain high quality and sustainable care. For example, the practice did not act on negative patient survey data or patient feedback and there was no active patient participation group.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and improve the process for recording, managing and learning from complaints.
- Review and improve the number of carers identified and supported.

Following our announced comprehensive inspection, we took urgent action to suspend Westwood Clinic's CQC registration which prevents the Provider from delivering regulated activities.

I am keeping this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector and a practice nurse specialist adviser who was shadowing the inspection.

Background to Westwood Clinic

Westwood Clinic is located in Westwood which is a residential area of the city of Peterborough, Cambridgeshire in the United Kingdom. The practice provides services for approximately 5,000 patients. The practice provides GP services under a Personal Medical Services (PMS) contract and commissioned by NHS Cambridgeshire and Peterborough Clinical Commissioning Group.

The practice is managed by three GP partners who are supported by clinical staff; three part time salaried GPs, three advanced nurse practitioners, one practice nurse and two healthcare assistants. The practice also employs a practice manager and a team of reception, clerical and administrative staff. We found the practice were registered incorrectly and the partners listed on the registration were not correct.

The practice opens between the hours of 8am and 6.30pm, Monday to Friday. Outside of practice opening hours patients are able to access pre-bookable evening and weekend appointments through a network of local practices. In addition to this, a service is provided by Herts Urgent Care, by patients dialling the NHS 111 service.

According to Public Health England information, the patient population has a slightly higher than average number of patients aged 18 and under compared to the average across England. It has a slightly lower number of patients aged 65 and over, aged 75 and over and aged 85 and over compared to the practice average across England. Income deprivation affecting children and older people is significantly higher than the practice average across England.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• We found the coding of medical records did not ensure there was a process of completing structured medicine reviews.• We reviewed 12 consultation records and found the documentation was so brief and lacking detail it was not possible to assess if the consultations were appropriate, as it was not possible to get a full understanding of the patient's concern and history.• We found the quality of safeguarding record keeping was poor.• We found the practice had an inconsistent approach to acting upon patient and medicine safety alerts. We found some alerts, but not all, had been actioned. We reviewed three patient safety alerts and found two had not been reviewed or actioned appropriately.• We found there was an inconsistent approach in the practice for GPs authorising prescription changes for non-prescribing clinical members of staff.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• We found a lack of clinical leadership and governance systems. This resulted in the following issues that threatened the delivery of safe and effective care which had not been identified or adequately managed as part of an effective system or process to ensure compliance with the regulations.

This section is primarily information for the provider

Enforcement actions

- We found a lack of clinical supervision for nursing staff, which was also highlighted during the previous CQC inspection in December 2018.
- The practice was unable to evidence the quality of training provided
- On the day of our inspection, we reviewed unverified but submitted 2018/2019 Quality and Outcomes Framework (QOF) data. We found that average exception reporting rates remained higher than the local and national average.
- The system of coding clinical records was not always effective.
- The practice's uptake of cervical, breast and bowel cancer screening was lower than Clinical Commission Group and England averages and there was no action plan to improve this.
- The practice did not have effective systems and processes in place to respond to patient feedback.
- The practice had completed a fire risk assessment; however, did not have oversight on the day of the inspection of the actions taken to address identified risks.