

# Westleigh Surgery

## Inspection report

4-12 Westleigh Lane  
Leigh  
WN7 5JE  
Tel: 01942483960  
[www.healthfirstalw.co.uk](http://www.healthfirstalw.co.uk)

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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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

## **This service is rated as Good overall.**

We carried out an announced comprehensive inspection on 18 October 2021.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced inspection at Westleigh Surgery on 18 October 2021. This inspection was part of the CQC inspection programme to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider offers NHS Health checks and screening for the diagnosis and prevention of disease for NHS providers and for private companies. They also work with Public Health Wigan, to deliver Flu and COVID-19 Vaccinations.

## **Our key findings were:**

- The provider had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes.
- Patient identity checks were in place including higher level checking where the provider determined this was necessary.
- The provider reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- All patient data was encrypted and securely stored.
- Staff involved and treated people with compassion, kindness, dignity and respect. Feedback reviewed highlighted high levels of satisfaction.
- Patients could access care and treatment from the provider within an appropriate timescale for their needs.
- Information about the provider and how to raise concerns was available.
- There was a strong focus on innovation, continuous learning and improvement at all levels of the organisation.

We saw the following outstanding practice:

- Westleigh Surgery bank staff worked with a number of practice nurses at various sites throughout Wigan Borough, including nursing homes, to deliver the COVID-19 vaccination. They were commissioned by the local Clinical Commissioning Group (CCG) to manage and deliver training for this. This has supported, developed and increased the vaccinator workforce by enabling practice staff to continue their work in practice. This supported the timely delivery of the COVID-19 vaccination across the Wigan Borough footprint.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was a CQC inspector. There was access to a CQC National adviser if needed.

## Background to Westleigh Surgery

Westleigh Surgery, also known as Health first ALW CIC (Ashton Leigh Wigan Community Interest Company), is based in Wigan Borough, Manchester. They are registered for the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

The inspection took place at their offices at:

Health first ALW CIC (ALW CIC)

429 Warrington Road

Abram

Wigan

WN2 5XB

Health First ALW CIC is limited by guarantee that it is a 'not for profit' company, this means that it does not operate for private profit. Any profit generated is used to grow and develop its business which is benefiting an identified community or goes directly to benefit that community.

At the start of the pandemic health checks provided by the provider were suspended as instructed by Public Health Wigan. They resumed in August 2021. There has been a Public Health contract in place for the past seven years.

The provider offers, on behalf of local Primary Care Networks (PCN), NHS health checks and screening for the diagnosis and prevention of disease. This also includes training for staff within the local PCNs to undertake health checks. It includes an initial and update training programme scheduled throughout the year. They also provide pharmacists to undertake medication reviews and audits in care and nursing homes on behalf of the PCN.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008, in respect of some, but not all of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service, and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At Health First ALW CIC, some services are provided to customers under arrangements made by their employer, a government department or insurance company with whom the service user holds a policy. These type of arrangements are exempt by law from CQC regulation. Therefore, during our inspection we were only able to evaluate the services which are not arranged for customers by any of the above mentioned agencies.

They work with Public Health, Wigan, to deliver Flu and COVID-19 vaccinations, and have delivered training to practice staff in support of this. They also provide health screening in the workplace which are non-NHS and are paid for by the companies themselves which are out of the scope of our inspection. These services include flu vaccination and non-eligible NHS Health checks.

The information for patients can be accessed via the website (<https://healthfirstalw.co.uk>)

The provider is currently in the process of changing their Care Quality Commission (CQC) registered manager and we saw evidence that this is in progress. A registered manager is a person who is registered with the CQC to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

### How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During the onsite inspection we spoke with members of staff including Directors and the management team.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

**The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments including COVID-19 risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable)
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control at the locations where the health checks and delivery of vaccinations were conducted.

## **Risks to patients**

**There were systems to assess, monitor and manage risks to patient safety.**

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Staff deployed in the community had anaphylactic packs available which included a blood pressure monitor, pulse oximeter and thermometer plus other essential items when they were out in the community providing health assessments.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

## **Information to deliver safe care and treatment**

**Staff had the information they needed to deliver safe care and treatment to patients.**

- Patient records were written and managed in a way that kept patients safe. The records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

## **Track record on safety and incidents**

**The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.

# Are services safe?

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements made**

### **The service learned from and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes, and took action to improve safety in the service. At the time of inspection there had been no significant events recorded for a number of years.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

# Are services effective?

## **We rated effective as Good because:**

- The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

## **Monitoring care and treatment**

### **The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had an audit programme in place. These were robust and the results of them helped shape the way they delivered services.
- The provider sent in a quarterly return to Public Health Wigan that detailed activity that had been undertaken.

## **Effective staffing**

### **Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff which included human resources and health and safety processes, right to work checks and training.
- The provider understood the learning needs of staff and provided protected time and training to meet them. There was a comprehensive training matrix in place that detailed what training staff need to undertake subject to their role in the organisation. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- In cooperation with the primary care networks (PCNs), the provider worked to develop their additional roles reimbursement scheme (ARRS) which included the recruitment of managers, pharmacists, a pharmacy technician, paramedics and an apprentice associate nurse. To support PCNs, the ARRS provided funding for additional roles to create bespoke multi-disciplinary teams. The aim of the scheme was to build and utilise the additional roles to solve the workforce shortage in general practice.
- The provider established a practice nurse foundation programme which resulted in a number of practices being able to recruit and train nurses new to general practice. This programme has now been taken over by the clinical commissioning group (CCG).

## **Coordinating patient care and information sharing**

### **Staff worked, and worked well with other organisations, to deliver effective care and treatment.**

- The provider worked collaboratively with Public Health Wigan and the local PCNs to provide effective care and treatment which had been coordinated and delivered in a timely manner.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

# Are services effective?

- The health assessment was an in-depth health check. It included medical and non-invasive tests that give the patient a clear picture of their health and wellbeing. Their health assessments focussed on preventative health which informed patients of potential issues and reinforced good behaviours to support health. The aim was to allow the patient to understand their body better and to take control of their health.
- Whilst the health assessment was not a diagnostic process, the provider can refer patients to a relevant specialist privately, or to their NHS GP for consideration of an NHS referral. Patients were also signposted to local lifestyle services if necessary. The health assessment however did not offer the ability to change medication or provide a second opinion following on from NHS GP management.
- The service monitored the process for seeking consent appropriately.
- Risk factors were identified and highlighted to patients.
- Any patient identifiable information was captured on a standard template that fed into GP patient records.
- In community settings If patients did not meet the criteria for NHS health checks, they would be offered an abridged health check, health advice and signposted to the appropriate service if necessary.
- The provider had undertaken workplace health checks for a private company. This included the abridged (mini) health check for staff if they did not meet the criteria for NHS health checks. A staff member of the company was given a mini health check and was advised to go and see their GP soonest because their blood pressure was extremely high. Further feedback was received that indicated the staff member, who had to take time off work, had a serious condition and that if they had not had the check this could have been more serious and life threatening. Because of this check the staff member had been empowered to seek advice and received appropriate care and treatment, this enabled them to return to work even though they were still monitored regularly by secondary care.

## Consent to care and treatment

### The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treated people. This was collected by the practice locations where the regulated activities were delivered.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- The provider ensured complete confidentiality for any patient under consultation. All patient records were stored on line. All computerised systems were username and password protected by medical software designed for use in a clinical environment. Medical records were strictly protected and destroyed in accordance with recommended guidelines.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.**

- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others in accordance with their diversity and access policy.
- The provider responded quickly to the request for support for the COVID-19 clinics and mobilised the workforce within a week.
- The provider has a large pool of suitably qualified and experienced bank staff that enabled them to respond to any absences including sickness in a timely manner.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available.
- The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place.
- All formal complaints were to be reported to the management team. Any verbal concerns were to be logged and discussed at governance meetings. Any learning points or changes in service or practice would be communicated to staff members. There had been no recorded complaints since registration.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The management team had a wide background in a variety of disciplines. This included general practice, education and training, public health and service development.
- There was a system of leadership development and succession planning in place.

## **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## **Culture**

**The service had a culture of high-quality sustainable care.**

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff, teams, Public Health Wigan and the PCNs.

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Governance meetings with Public Health Wigan were regularly held and minutes from the meetings recorded.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. There was a business continuity plan in place.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- Throughout the pandemic the provider ensured that there were regular discussions and contact with staff.
- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Westleigh Surgery bank staff worked with a number of practice nurses at various sites throughout Wigan Borough, including nursing homes, to deliver the COVID-19 vaccination. They were commissioned by the local Clinical Commissioning Group (CCG) to manage and deliver training for this. This has supported, developed and increased the vaccinator workforce by enabling practice staff to continue their work in practice. This supported the timely delivery of the COVID-19 vaccination across the Wigan Borough footprint.

# Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.
- Feedback was positive and included favourable comments on the delivery speed and good communication.
- Positive feedback had been received from one primary care network (PCN). Comments included that the provider had provided timely support and staffing at COVID-19 vaccination centres to relieve the pressure on practice staff.
- There were also comments that staff were professional, friendly and efficient, and they always knew what the patient needed based on many factors and thorough questions on health.
- There were also comments and thanks from another primary care network (PCN) regarding provision of quality staffing throughout the delivery of the vaccination programme and the recruitment of additional roles reimbursement scheme (ARRS) workforce to benefit the patient population.

## Continuous improvement and innovation

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider had recently implemented information technology (IT) systems to enhance the patient experience. This included using IT tablet computers to capture personal patient information and the ability to share this confidentially with the patients GP practice in a timely manner. This had replaced the paper-based system previously used.