

Whitwell 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.

Contents

Summary of this inspection

Overall summary	Page 1
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Whitwell Health Centre	4
Why we carried out this inspection	4

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced focused inspection of Whitwell Health Centre on 23 March 2016. This inspection was undertaken to follow up on a warning notice we issued to the provider about infection control, responding to complaints and making sure staff were safely recruited.

The practice received an overall rating of inadequate at our inspection on 1 December 2015 and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the initial report.

You can read the report from our last comprehensive inspection, on our website at www.cqc.org.uk.

Our key findings across all the areas we inspected were as follows:

- The practice had complied with the warning notice we issued and had taken the action needed to comply with legal requirements

Summary of findings

- Significant improvements had been achieved in addressing the infection control concerns identified at the comprehensive inspection on 1 December 2015. The practice had sought advice from the local Clinical Commissioning Group's (CCG) Infection Prevention and Control Nurse who had assisted the practice manager and lead practice nurse in undertaking a comprehensive infection control audit. A robust action plan had been developed to address the identified areas of concern and multiple audits were available during this inspection showing improvements made.
 - Effective systems had been put in place to carry out recruitment checks making sure staff were suitable to work with patients.
 - Staff appraisals had been planned and support put in place for the development of staff.
 - There was evidence that the partners and deputy practice manager had provided leadership in responding to the actions required following the issue of the warning notice to ensure compliance with the regulations.
 - An effective system had been implemented to monitor the management of complaints and analyse for trends. This recorded both written and verbal complaints.
 - Staff we spoke with told us they felt engaged in the changes made following the initial inspection and were well supported by the partners throughout the development of the new processes and systems.
- Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice
- 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?

Whitwell Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC Inspector and a CQC Inspection Manager

Background to Whitwell Health Centre

Whitwell Health Centre provides primary medical services to approximately 5,500 patients through a general medical services contract (GMS). Services are provided to patients from two sites. The practice operates from a main surgery at Whitwell and a branch surgery at Creswell. The level of deprivation within the practice population is above the national average.

The medical team is comprised of three GP partners and a salaried GP; (two male, two female) working with two practice nurses, a nurse practitioner and a health care assistant. The clinical team is supported by a part time practice manager, and reception and administrative staff.

The practice is open between the hours of 8am and 6:30pm. GP appointments are available from 9am to 11:30am every morning and 2:30pm to 5pm every afternoon. Extended hours surgeries are offered at the following times on Monday evenings until 7:30pm and Thursday mornings from 7am at Whitwell and Thursday evenings until 7:30pm at Creswell.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU).

Why we carried out this inspection

We undertook an unannounced focused inspection of Whitwell Health Centre on 23 March 2016. This inspection was carried out to check that improvements had been made to meet legal requirements in respect of good governance following our comprehensive inspection on 1 December 2015.

When we initially inspected this practice on 1 December 2015 as part of our new comprehensive inspection programme, we were concerned about the safe care and treatment of patients, in respect of:

- The prevention of infection.
- Arrangements in place to ensure the health and safety of patients, staff and others.
- Poor systems in place for the recruitment and management of staff.
- Ineffective systems for the management of complaints and learning outcomes from the subsequent investigations.

We issued a warning notice to the provider and informed them they must become compliant within the law by 28 February 2016.

Are services well-led?

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

Our findings

Our focused inspection on 24 March 2016 found that the practice had implemented clearly defined systems and processes. Proactive steps had been taken to address all areas of concern found in the comprehensive inspection undertaken on 1 December 2015.

The practice nurse, who was the infection control lead, was able to demonstrate changes in managing infection prevention and control, these included:

- Training and support for the infection control lead, enabling them to undertake effective and proactive steps in managing the spread of infections within the practice undertaken in close collaboration with the deputy practice manager.
- A full infection control audit was undertaken in January 2016 of both sites.
- Where action was required to make improvements following the audit, changes were made promptly and to a high standard. This included:
 - Alcohol gel in GPs' bags
 - Documented cleaning schedules for items such as ear syringes
 - The use of a ventilated room for cleaning items
 - Increased time allocated for cleaners in highlighted areas.
- The Infection control lead and deputy manager had devoted considerable time to training other staff members as well as conducting monthly audits to remain on top of newly implemented changes and embed the systems and processes.
- Future audits were scheduled along with time allocated to carry them out.
- All infection control updates and areas of change to practice had been discussed at practice meetings.

A defibrillator had been purchased at each site and systems put in place to monitor the battery and expiry dates of the associated adult and child pads. This complimented the emergency equipment already in place and an additional schedule for checking expiry dates of medicines had been implemented.

Policies and processes had been updated to reflect the way the practice now operated. These had been circulated in paper form to all staff members with a signed sheet to show they had read the updates, as well as being available to staff on the computer system.

An updates file had been put in place so paper copies of updates from the British Medical Journal and Clinical Commissioning Group were available to staff which complimented the computer system for specific clinical guideline updates.

An effective system to manage complaints and concerns from staff and patients had been implemented. This included:

- There was a designated folder on the shared drive to store information regarding complaints.
- There was a system to identify learning outcomes and implement them with time allocated in practice meetings to inform staff of changes to policies and procedures.
- A spreadsheet was used to manage the complaint through to conclusion with review dates and trend analysis.
- We were shown minutes from meetings where complaints were discussed.
- Verbal complaints were also logged and treated in the same way as a written complaint.
- We saw evidence of recent complaints which were dealt with in a timely manner and apologies made when appropriate.

There was a system in place to undertake staff appraisals on a yearly basis. This included a spreadsheet to track the dates and plan future appraisals as well as formal copies of completed appraisals issued to staff and kept on file. Partners were involved in appraisals where appropriate.

A training schedule had been put in place and we saw evidence of staff training for areas such as hand washing and resuscitation. We evidenced that this was well-managed and supported staff in their roles.

We saw three staff files including a recently recruited member of staff. The files showed a well-organised checklist and system in place to manage the recruitment and induction of staff. This included evidence of qualifications and employment history, two references, proof of identity and a disclosure barring service (DBS)

Are services well-led?

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

check (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).