

# South Wigston 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.

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Wigston Health Centre on 31 January 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for South Wigston Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We found that the practice to require improvement in the safe, effective, responsive and well led key questions. It was rated as good for the caring key question.

Specifically we found that the practice must;

- Implement governance arrangements to ensure appropriate systems are in place for assessing and monitoring the quality of services provided. For example, maintenance of the cold chain and review of temperature monitoring of the refrigerators used to store vaccines and the authorisations for staff to administer medicines.
- Improve the process in place to ensure staff training is monitored and all staff are up to date with mandatory training appropriate to their role.

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Gather patient views and experiences to ensure the services provided reflect the needs of the population served and ensure flexibility, choice and continuity of care.
- Develop ways to monitor impact and improve patient satisfaction with particular regard to phone access and routine appointments.
- Ensure that oxygen cylinder to be used in an emergency was below the recommended level.

We issued the practice with a Warning Notice for breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

We also issued the practice with an Improvement Notice for breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

In addition we found that the practice should;

# Summary of findings

- Ensure sharps bins are assembled, signed, dated and replaced as per national guidance.
- Review and develop the current systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Improve the process for clinical meeting minutes to include audits and updates on NICE guidance.
- Ensure policies and procedures include information such as date, date of review and name of responsible person.
- Review the current processes in place for the recording and reporting of themes and trends from significant events and complaints.
- Re-introduce the use of special patient notes.

This inspection was an announced focused inspection carried out on 16 June 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 31 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as 'Good'.

Our key findings were as follows:

- There was effective management of medicines requiring refrigeration.
- All staff were up to date with mandatory training appropriate to their role.
- There were formal governance arrangements in place to monitor risks and the quality of the service provision.

- There was an effective process to ensure that oxygen for use in medical emergencies was monitored and available for use.
- The practice continued to gather patient views and experiences on the quality of the services provided.
- The practice had responded to concerns regarding telephone access and the availability of appointments.
- Sharps bins were used in accordance with national guidance.
- There were systems in place to ensure all clinicians were kept up to date with national guidance and guidelines.
- Clinical meeting minutes showed that audits and updates on NICE guidance were discussed.
- Policies had been reviewed, dated and included the name of the person responsible for that policy.
- There was a system in place for the recording and reporting of themes and trends from significant events and complaints.
- Special patient notes had been re-introduced.

However, there was an area of practice where the provider needs to make improvements.

The provider should:

Continue to monitor, audit and improve patient satisfaction with telephone access and appointment availability.

**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?

Good



- The practice had an effective cold chain management system in place.
- Health care assistants utilised patient specific directives when administering medicines to patients.
- Sharps bins were correctly assembled.
- Significant events were discussed at meetings.
- There was an effective process to ensure that oxygen for use in medical emergencies was monitored and available for use.

### Are services effective?

Good



- Guidance such as that issued by NICE and patient safety alerts were discussed at clinical meetings.
- The practice had re-introduced the use of special patient notes to inform out-of-hours services.

### Are services responsive to people's needs?

Good



- The practice had completed in-depth analysis of the appointment needs of its patient population and had taken positive steps to increase the number of available consultations.
- Telephone calls that could not be answered immediately were placed into a 'cloud' thus avoiding patients being unable to get through to the surgery in times of peak demand.

### Are services well-led?

Good



The practice had put in place an effective process to ensure that there was effective management of medicines requiring refrigeration, staff received training appropriate to their needs and NICE guidance and audits were discussed and recorded.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety, effectiveness, responsiveness and well-led services identified at our inspection on 31 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety, effectiveness, responsiveness and well-led services identified at our inspection on 31 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety, effectiveness, responsiveness and well-led services identified at our inspection on 31 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effectiveness, responsiveness and well-led services identified at our inspection on 31 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effectiveness, responsiveness and well-led services identified at our inspection on 31 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effectiveness, responsiveness and well-led services identified at our inspection on 31 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to monitor, audit and improve patient satisfaction with telephone access and appointment availability.

# South Wigston Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC inspector and practice manager specialist advisor.

## Background to South Wigston Health Centre

South Wigston Health Centre, also known as Dr Shaw and Partners, provides a range of primary medical services under a General Medical Services Contract (GMS) contract to around 9,000 patients from a single surgery situated at 80 Blaby Road, Wigston LE15 4SE.

The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG). A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services

The practice is located in an area of high socio-economic deprivation. There are a large number of patients with chronic co-morbidity. Co-morbidity is the presence of one or more additional disorders or diseases.

The service is provided by 7 GP's (4 female and 3 male), two part-time practice nurses, three health care assistants, one practice manager, one assistant practice manager, three administration staff and 10 receptionists.

The practice occupies a number of rooms in a building that is owned by NHS Property Services and which houses other health care services. It is a single storey building with a small car park.

The practice is open between 8am and 12.30pm and 1.30pm to 6.30pm from Monday to Friday.

The reception desk is open from 8.30am to 12.30am and 1.30pm to 6.30pm. The emergency telephone line is open from 8am to 6.30pm Monday to Friday. Appointments were available from 8.30am until 11 am and from 3pm to 6 pm on weekdays.

Extended hours appointments were offered Monday to Thursday 7.30am to 8am and 6.30pm to 7pm.

In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them.

South Wigston Health Centre have opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided to Derbyshire Health United which can be accessed through the NHS111 service.

The practice is a GP training practice. GP Trainees are qualified medical practitioners who receive specialist training in General Practice.

In April 2015 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At that inspection we found the practice required improvement overall but specifically for providing a safe, responsive and well-led service. We carried out a further comprehensive inspection on 31 January 2017 to ensure that sufficient improvements had been made. At that inspection we found the practice to be requires improvement in safe, effective, responsive and well-led key questions. It was found to be good in providing caring services. It was rated as requires improvement overall and requires improvement in all of the population groups.

# Detailed findings

## Why we carried out this inspection

In April 2015 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At that inspection we found the practice required improvement overall but specifically for providing a safe, responsive and well-led service. We carried out a further comprehensive inspection on 31 January 2017 to ensure that sufficient improvements had been made. At that inspection we found the practice to be requires improvement in safe, effective, responsive and well-led key questions. It was found to be good in providing caring services. It was rated as requires improvement overall and requires improvement in all of the population groups.

We undertook a follow up focused inspection on 16 June 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

How we carried out this inspection

We carried out a focused inspection of South Wigston Health Centre on 16 June 2017. This involved reviewing evidence that had been provided to us by the provider and Public Health England.

During our visit we:

- Visited the only practice location.
- Looked at information the practice used to deliver care.

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 31 January 2017, we rated the practice as requires improvement for providing safe services as the arrangements reviewing and analysing significant events, the arrangements in respect of the storage of medicines requiring refrigeration and the systems to enable medicines to be administered by healthcare assistants were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 16 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- Serious events were well recorded and investigated by the practice, although as there had been few since the last inspection; the process for dissemination of learning to staff had yet to be fully embedded. However we did see that they were a standing agenda item at partner's weekly meetings.
- Patient safety alerts were also discussed at clinical meetings.
- A GP that we spoke with and the practice manager told us that they were to be a standing agenda item at all staff meetings.
- We looked at the patient specific directives which allow healthcare assistants to administer medicines in line with legal requirements. We found them to be comprehensive and were signed by the prescriber and healthcare assistants.

### Overview of safety systems and process

- We looked at reviewed cold chain policy which was intended to maintain the efficacy of medicines that required refrigeration. We saw that it was clearly written and included the guidance from Public Health England. The procedures to be followed and the steps to be taken in the event of any incident that may interrupt the cold chain were clearly explained.
- Refrigerator temperatures were closely monitored and involved the use of data loggers that recorded each temperature at 15 minute intervals. The data was regularly reviewed by staff. The policy clearly stated what staff were to do in the event that the data showed the fridges to be out of temperature range.
- We looked at the fridges in use to store vaccines. We found them to be locked when not in use and medicines stored within were in baskets, not overcrowded and with good airflow.
- On the day previous to our inspection staff from Public Health England (PHE) had visited the practice to review their cold chain policy and vaccines storage. We received written confirmation from PHE that they considered the practice cold chain management to be 'excellent', with 'the correct equipment and watertight monitoring arrangements in place.'
- We examined sharps bins that were situated in clinical rooms and found them to be correctly assembled, signed and dated.
- There was an effective system in place to ensure that oxygen for use in a medical emergency was available.

### Monitoring risks to patients

- Minutes of the regular partners meetings showed that risks had been discussed.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 31 January 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of improving patients outcomes through clinical audit, ensuring staff had received the appropriate training and were kept up to date current evidence based guidance were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 16 June 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

- We saw written evidence and a GP that we spoke with confirmed that guidance such as that received from the National Institute for Health and Care Excellence was discussed at clinical meetings.

### Management, monitoring and improving outcomes for people

- The practice completed clinical audits to help improve outcomes for patients. We saw an example of an audit into patients with deep vein thrombosis which had highlighted the need for closer monitoring and ongoing care of some patients with unprovoked deep vein thrombosis and the action the practice had taken to ensure that care was provided.

### Effective staffing

- We reviewed evidence that showed that all staff had received the training appropriate to their role.
- The practice used on-line training for staff, which they could access from home and were paid for.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 31 January 2017, we rated the practice as requires improvement for providing responsive services as the practice had not put in place a plan to secure improvements to areas of concern regarding access to appointments and telephone access.

These arrangements had significantly improved when we undertook a follow up inspection on 16 June 2017. The practice is now rated as good for providing effective services

### Access to the service

- The practice was aware the results from the GP Patient Survey did not rate them highly in terms of getting through the surgery by telephone and the availability of appointments.
- In response the practice had invited in an experienced GP from a similar sized practice to undertake an in depth review of the number of appointments available. This had resulted in it being determined that the number was lower than one would have expected for this size of patient list and it was also highlighted that the skills mix may need some adjustment.

- The partners have committed to providing locum cover or completing additional sessions themselves should the availability of appointments fall below the given threshold of 500 appointments per week.
- The partners had recruited an advanced nurse practitioner for the first time in the practice. This nurse had experience in a number of areas including minor illness. It was hoped that this appointment would increase the number of GP consultations available.
- In addition a new GP had been recruited who will start work at the surgery in September 2017.

The partners had responded to the low GP Patient Survey scores with regard to telephone access. Their own work had shown that people were frustrated by receiving an engaged tone when calling at peak times, despite there being 14 telephone lines. In response the surgery now operated a 'cloud' system which ensured that caller were not given an engaged tone but retained on the line and told at what point they were in the queue to be answered. This was a new development and it was too early to evaluate the efficacy of the system, although the practice assured us they would continually monitor the situation

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 31 January 2017, we rated the practice as requires improvement for providing well-led services as the arrangements for good governance were inadequate.

These arrangements had significantly improved when we undertook a follow up inspection on 16 June 2017. The practice is now rated as good for providing effective services

### Governance arrangements

- The practice had implemented effective systems to mitigate the risks to patients by reviewing its cold chain management and ensuring that all staff were up to date with their training.

- New procedures relating to the management of serious incidents and complaints were in place to help improve trends identification and learning.
- The use of Special Patient Notes to inform out-of-hours services had been re-introduced.
- We looked a number of policies and found them to have been appropriately reviewed, which included the date of review and the person responsible.

### Seeking and acting on feedback from patients, the public and staff

- The practice had acknowledged the poor results in the National GP Survey with regard to access to the practice by telephone and the availability of appointments.
- The practice had now responded to postings on the NHS Choices website and we were told it was their intention to continue to do so.