

Westfield Health Centre

Quality Report

Westfield Health Centre
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Website: www.dmsl.org.uk/westfield-health-centre/home/ Date of inspection visit: 21 August 2015
Date of publication: 21/01/2016

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 caring?		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 of Danum Medical Services Ltd at Westfield Health Centre on 21 August 2015. Overall the practice is rated as good.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- There were systems in place to reduce risks to patient safety, for example infection prevention and control procedures and health and safety assessments.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues.
- Information about services and how to complain was available and easy to understand.

- The practice sought patient views on how improvements could be made to the service, through the use of patient surveys and the practice's patient participation group (PPG).
- Urgent appointments were available for patients the same day as requested.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.

We saw one area of outstanding practice:

- The practice funded a private taxi service for those patients who found it difficult to access the practice. This was funded at the discretion of the practice based on their knowledge of the patient.

However there were areas where the provider should make improvements:

- The doctors working at the practice required further training on the clinical system in order to access electronic registers i.e. Quality and Outcomes Framework performance.

Summary of findings

- Although there was an established timetable for clinical and non-clinical staff meetings, there was no process in place to share information with staff members who were not present.

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. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed and there were enough staff to keep patients safe. There were effective processes in place for safe medicines management.

Good



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Sheffield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, and we saw evidence that it acted on this feedback. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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 practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice also funded a private taxi service for those patients who found it difficult to access the practice. This was funded at the discretion of the practice based on their knowledge of the patient.

Good



People with long term conditions

The practice is rated good for the care of people with long term conditions. Nursing staff were trained in specific areas; for example Diabetes and Asthma. Longer appointments and home visits were available when needed. All patients had a named GP and a structured annual review to check their health and medication needs were being met. For those people with the most complex needs, the named clinician worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice told us all young children were prioritised and the under-fives were seen on the same day as requested. The practice had direct links with health visitors who were located on the same site and had access to antenatal and post natal care with a midwife on site.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working age people (including those recently retired and students). The needs of this population group had been identified and the practice offered appointments between the hours of 8am and 6.30pm to ensure patients could access appointments outside of normal working hours and school time. The practice also offered online services, telephone triage/advice and a full range of health promotion and screening that reflected the needs of this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances, including those who had a learning disability. Longer appointments were available for patients as needed.

Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice worked with multidisciplinary teams in the case management of this population group. It provided information on how to access various support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients had a named GP. Annual health checks were offered for these patients. The practice also offered home visits to those patients who became anxious when attending the surgery for an appointment.

The practice actively screened patients for dementia and maintained a register of those diagnosed. It carried out advance care planning for these patients. The practice had also established links with the local memory clinic and could make referrals to the clinic.

The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team.

Good



Summary of findings

What people who use the service say

Results from the NHS England GP patient survey published in January 2015 related to the previous provider and did not reflect patient's satisfaction with the current provider.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 50 comment cards and the majority of these were positive about the standard of care received. Seven of the comments cards were negative and this was largely

around appointment availability. The practice were aware of this and were monitoring the appointment system, considering changes that could be made in an attempt to improve access for patients.

During the inspection we spoke with five patients, two of whom were also members of the patient representative group (PRG). They all told us they were treated with dignity and respect, thought the practice was good and would recommend it to others.

Areas for improvement

Action the service **SHOULD** take to improve

- The doctors working at the practice required further training on the clinical system in order to access electronic registers i.e. Quality and Outcomes Framework performance.
- Although there was an established timetable for clinical and non-clinical staff meetings, there was no process in place to share information with staff members who were not present.

Outstanding practice

- The practice funded a private taxi service for those patients who found it difficult to access the practice. This was funded at the discretion of the practice based on their knowledge of the patient.

Westfield Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and an additional CQC inspector.

Background to Westfield Health Centre

Danum Medical Services Ltd are a private provider who have been operating from the Westfield Health Centre in Sheffield since 1 January 2015. Due to the length of time the provider had been operating from this location, the information we had about this provided was very limited. For instance, all of the data relating to Quality and Outcomes Framework (otherwise known as QOF, which is an incentive scheme that is aimed at measuring and improving the quality of general practice care for specific medical conditions) related to the previous provider.

The practice is based in a purpose built health centre and has approximately 1700 registered patients.

Westfield Health Centre has six salaried GPs (two female and four male) and one practice nurse. The clinical staff are supported by a practice manager and a team of experienced reception/administration staff.

The practice provides Alternative Primary Medical Services (APMS) under a contract with NHS England. They also offer a range of services such as minor surgery, maternity services and childhood vaccination and immunisations.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are from 8am to 6pm daily. When the practice is closed, out-of-hours services are provided by Local Care Direct.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information or data throughout this report, for example any reference to the Quality and Outcomes Framework or national GP patient survey, this relates to the most recent information available to CQC at that time.

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Sheffield Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day.

We carried out an announced inspection on the 21 August 2015. During our visit we spoke with two GPs, a practice nurse, the practice manager and two receptionists. We also

Detailed findings

spoke with five patients, two of which represented the patient participation group (PRG). We reviewed 50 CQC comment card where a patient had shared their views and experiences of the practice.

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?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and these would be faxed to head office and added to the clinical governance report. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

Safety was monitored using information from a range of sources, including National Patient Safety Alerts (NPSA) and National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

We reviewed safety records and incident reports. The staff we spoke with told us that lessons were shared to make sure action was taken to improve safety in the practice. For example, the provider had identified a large amount of pathology results were outstanding. As a result of this the process of dealing with results was reviewed and the practice manager would inform the clinical lead where results had not been actioned.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection prevention and control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS).

These 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an Infection Prevention and Control (IPC) protocol in place and staff had received up to date training. We saw evidence of IPC audits having been undertaken and we saw evidence action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the two files we sampled showed appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the relevant professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice had systems in place to ensure all clinical staff had access to up-to-date guidelines from the National Institute for Health and Care Excellence (NICE), the local Clinical Commissioning Group (CCG) and local disease management pathways. Clinicians carried out assessments and treatments in line with these guidelines and pathways to support delivery of care to meet the needs of patients. For example, we were able to review a case record where a patient had presented with rectal bleeding. We could see that the GP had followed current clinical guidelines. We noted that the practice monitored these guidelines so that they could ensure that their practice was up to date. The practice monitored these guidelines through risk assessments, audits and patient reviews.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome. When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. As Danum Medical Services had only been providing the service at Westfield Health Centre since January 2015, we were unable to assess performance during this inspection. However, NHS England reported that they had seen some improvement in this area.

At the time of our inspection, GPs at the practice had only been in post for three months. However we saw evidence

that some audit work had been carried out to demonstrate quality improvement and relevant staff were involved to improve care and treatment and people's outcomes. We looked at two audits which identified where improvements could be made. The practice had an audit timetable in place which outlined when audits and re-audits would be undertaken. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and review of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. However, the doctors we spoke with on the day were unclear how to use the clinical system to run reports. For example; lists of patients with long term conditions and on the palliative care register. We discussed this with the practice manager on the day of our inspection and were advised these list were usually produced by administrative staff but further training would be provided to clinicians.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance. Staff had access to and made use of e-learning training modules and both in-house and external training events.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system

Are services effective?

(for example, treatment is effective)

and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand the complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of

legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and contraceptive advice. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and those spoken with on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted consultation and treatment room doors were closed during patient consultations and that conversations taking place in these rooms could not be overheard.

Of the 50 patient CQC comment cards we received, 43 were positive about the service experienced. We also spoke with five patients; two of whom were members of the patient representative group (PRG). They all told us they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Reception staff were aware they could offer a private room when patients wanted to discuss sensitive issues or appeared distressed.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us health issues and treatments were discussed with them and they felt listened to. They felt involved in the decisions made about the care they received and the choice of treatment available to them.

As Danum Medical Services Limited has only provided the service at Westfield Health Centre from January 2015 there was no available data from the national GP patient. The latest data published about this practice was 8 January 2015 which would reflect the performance of the previous provider. Danum Medical Services Limited were aware of the areas where patient satisfaction had previously been low and were using this information to drive improvement throughout the practice.

Staff told us that translation services were available for patients who did not have English as a first language and double appointments were booked for these patients. We saw notices in the reception areas informing patients this service was available.

We saw a notice in the reception area advising patients that information was available in easy read and large print.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Notices in the patient waiting room told patient how to access a number of other services. For example the cancer support centre and mental health support groups.

There was an active patient participation group (PPG) which met on a regular basis. The PPG carried out patient surveys and submitted proposals for improvements to the practice.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, and the practice funded a private taxi service for those patients who found it difficult to access the practice. This was funded at the discretion of the practice

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments could be pre-booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The complaints policy outlined the timescale the complaint should be acknowledged by and where to signpost the patient if they were unhappy with the outcome of their complaint.

Information on how to make a complaint was available in the waiting room, the practice leaflet and on the practice website.

We looked at six complaints received since January 2015 and found that these had been handled appropriately and identified lessons learned and action taken as a result to improve the quality of care. For example, one complaint related to the attitude of a locum GP working at the practice. As a result the practice reported this to the locum agency and no longer used the locum in question.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to improve services for patients and provide a safe and supportive working environment for staff. This was outlined in their statement of purpose.

The practice had a robust strategy and supporting business plans which reflected the visions and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance arrangements were underpinned by:

- A clear leadership structure with staff being aware of their own roles and responsibilities.
- There was an established timetable for clinical and non-clinical staff meetings. However there was no process in place to share information with staff

members who were not present. We discussed this with the practice manager during the inspection and were informed this would be addressed by circulating minutes of meeting by e-mail.

- All staff being supported to undertake continuing professional development, including GPs with regard to their validation requirements.
- Implemented practice policies which all staff could access.
- A system of reporting incidents without fear of recrimination, whereby learning from outcomes of analysis of incidents took place.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis to discuss concerns or changes to the practice. For example the group had suggested that music should be played in the waiting room to improve confidentiality for patients when speaking at the reception desk and this had been addressed.