

# Westwood Clinic

## Inspection report

Wicken Way  
Westwood  
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Date of inspection visit: 21 January 2020  
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

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

We carried out a comprehensive inspection of Westwood Clinic on 9 July 2019. The practice was rated as inadequate overall with ratings of inadequate for providing safe, effective, and well led services, requires improvement for caring services and good for responsive services. Following our announced comprehensive inspection on 9 July 2019, we took urgent action to suspend Westwood Clinic's CQC registration and prevent the provider from delivering regulated activities. During the period of suspension, a caretaking practice was put in place by the local Clinical Commissioning Group and NHS England to ensure delivery of services for patients and to implement improvements. A further inspection was completed on 13 August 2019 to follow up on the breaches of regulation. Following this inspection, we found the practice had made sufficient improvements to satisfy the suspension notice and therefore we lifted the provider's suspension and the caretaking arrangement ceased.

You can read our findings from all of our previous inspections by selecting the 'all reports' link for Westwood Clinic on our website at .

We carried out an announced comprehensive inspection at Westwood Clinic on 21 January 2020. 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 regulatory requirements.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

At this inspection we found:

- We found the practice had implemented a number of governance structures and systems since our previous rated inspection published August 2019. However, due to the time since last inspection it was not possible to evidence improvements had been fully embedded.
- We saw the practice had made improvements including; completion of a significant number of overdue medicine reviews, a review of consultation documentation, over-arching management processes and learning from significant events.
- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets with a range of 97% to 98%.
- We found the practice had started to implement a number of audits, including two-cycle audits, to highlight areas where improvement is required.
- Patients we spoke with told us they had seen improvements in the practice since the previous inspection. In addition to this we received 26 comment cards which were wholly positive about the service.

At this inspection, the practice was rated as **requires improvement** for providing **safe** services because:

- We found the fire risk assessment was not sufficiently detailed. For example, consideration of the safe storage of flammable gases and combustible materials were not documented in the review. The provider could not demonstrate assurance that the assessment had been undertaken by a suitably competent person and that all relevant risks had been identified and acted upon.
- The practice had not completed and documented a health and safety risk assessment. In addition to this, actions relating to a premises and security risk assessment had not been completed.

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

- At our previous rated inspection published August 2019 we reviewed training records and found members of staff had completed all of their training on one day. At this inspection we found this had continued and one member of staff had completed 24 modules of training on one day during a weekend. Staff also told us that they were not given protected learning time.
- The practice's uptake of cervical, breast and bowel cancer screening was lower than the CCG and England averages.

# Overall summary

- The practice's Quality Outcomes Framework (QOF) performance evidenced a higher than average exception reporting rate. The practice had made changes to their exception reporting rate process, however, there was no evidence available on the day of the inspection to show the new processes had made improvements.
- We reviewed patient records and found there was an inconsistent approach to documenting patient care plans.

At this inspection, the practice was rated as **good** for providing **caring and responsive** services.

At this inspection, the practice was rated as **requires improvement** for providing **well-led** services because:

- We found the practice had implemented a number of structures and systems since the previous inspection. We identified that these systems required further time to fully embed and evidence that improvements had been sustained.
- We found the practice had not made improvements to all of the areas of concerns noted in our previous inspection report; for example, in relation to training.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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

- Continue with the planned programme of medicine reviews to undertake overdue reviews in a timely manner and ensure that review prompts are removed from patient records that no longer require them.
- Continue to develop the practice's programme of clinical and non-clinical audit to monitor and improve the quality of care offered to patients.
- Continue to improve uptake to cervical, breast and bowel cancer screening.
- Continue to address higher than average rates of exception reporting.
- Continue to develop and encourage patient participation and feedback at the practice.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGPChief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

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

## Background to Westwood Clinic

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

The practice is managed by three GP partners (1 male, 2 female) who are supported by clinical staff; three part time salaried GPs, three advanced nurse practitioners, one practice nurse and two healthcare assistants. The practice also employs a practice manager and a team of reception, clerical and administrative staff.

The practice opens between the hours of 8am and 6.30pm, Monday to Friday. Outside of practice opening

hours patients are able to access pre-bookable evening and weekend appointments through a network of local practices. In addition to this, a service is provided by Herts Urgent Care, by patients dialling the NHS 111 service.

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</b></p> <ul style="list-style-type: none"><li>• We found the fire risk assessment was not sufficiently detailed. For example, consideration of the safe storage of flammable gases and combustible materials were not documented in the review. The provider could not demonstrate assurance that the assessment had been undertaken by a suitably competent person and that all relevant risks had been identified and acted upon.</li><li>• The practice had not completed a health and safety risk assessment. In addition to this, actions relating to a premises and security risk assessment had not been completed.</li></ul> <p><b>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p> <ul style="list-style-type: none"><li>• We reviewed patient records and found there was an inconsistent approach to documenting patient care plans. Patients experiencing poor mental health, frail patients and patients at the end of their life did not have documented care plans accessible to patients and other services, such as out of hours services or care homes.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p>

This section is primarily information for the provider

## Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

The service provider had failed to ensure that persons employed in the provision of a regulated

activity received such appropriate support, training, professional development, supervision and

appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- The provider could not demonstrate that all required training was delivered to staff in a meaningful way to be assured of quality of learning. We saw that a member of staff had undertaken 24 modules of required training in one sitting.
- Several staff we spoke with confirmed that protected learning time was not offered, and training was expected to be completed on rest days.