

# Woodhouse Hill Surgery

## Inspection report

71a  
Woodhouse Hill  
Huddersfield  
HD2 1DH  
Tel: 01484 533833

Date of inspection visit:  
Date of publication: 27/06/2019

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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



# Overall summary

We carried out an announced comprehensive inspection at Woodhouse Hill Surgery on 30 April 2019 as part of our inspection programme and to follow up a practice in special measures. Woodhouse Hill Surgery was placed into special measures in May 2018 under the previous provider. We also carried out a focused inspection of the previous provider in October 2018 to assess compliance with Regulation 12, Safe care and treatment. The new provider completed their registration of the practice with CQC on 8 April 2019.

This was the first rated inspection for this recently registered provider as a partnership. One of the GPs in this new partnership was previously registered with CQC as an individual to carry out regulated activities at this service from this address. Where we refer to the previous inspection in this report and evidence table, we are referring the previously registered individual provider.

At the last comprehensive inspection, carried out in April & May 2018, we rated the practice as inadequate. The practice was placed in special measures because:

- The provider was not keeping an accurate record with respect to each patient. Not all patients were clinically coded correctly to support delivery of care and treatment.
- There was a significant backlog of patient records that required summarising.
- The practice did not have a system in place for carrying out a review of changes introduced following significant events.
- The provider did not have clear or effective systems in place for the planning and provision of staffing levels.
- National GP patient survey results with regards to access were lower than local and national averages.
- The recruitment process in place was not operating effectively. Some of the information required to be held to support the recruitment of staff was not available.

At this inspection, we found that the provider had satisfactorily addressed most of these areas.

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.

**We have rated this practice as requires improvement overall and as requires improvement for the provision of effective and responsive care and for all of the population groups.**

We rated the practice as requires improvement for providing effective services because:

- Outcomes for patients living with diabetes, hypertension and mental health conditions were lower than local and national averages. This includes on areas as measured by the Quality and Outcomes Framework (QOF).
- The uptake of two of the four childhood immunisations for children under two years of age was below WHO target levels of coverage.
- The uptake of breast and bowel cancer screening was below local and national averages.

We rated the practice as requires improvement for providing responsive services because:

- Patient satisfaction with access to the service was below local and national averages. The provider had taken some steps in an attempt to address this however; at the time of our inspection they could not demonstrate the impact of these changes had been fully assessed or improved satisfaction.

We found that:

- The practice had systems to keep people safe and safeguarded from abuse.
- There were safety systems and processes within the practice, to assess, monitor and manage risks, to keep patients safe.
- The practice had invested in new equipment and thermometers which were located in every consultation room. These included pulse oximeters, infra-red thermometers and digital ear thermometers.
- There had been a significant reduction in the backlog of patient clinical records that required summarising, to ensure all information was available to clinicians to support safe and effective care.
- The provider had made improvements in keeping accurate records with respect to each patient. We identified the clinical coding in the patient records we viewed was now accurate. (Coding is used to easily identify patient information, such as disease and past medical history, and support the running of reports/ data collection within the practice).

# Overall summary

- We were informed that the practice nurse no longer undertook breast examinations.
- Clinicians ensured that in the cases we viewed, care and treatment was delivered according to evidence based guidelines.
- The arrangements for leadership were now effective. We observed that there were now adequate numbers of clinical and non-clinical staff at the practice.
- An understanding of the performance of the practice was now maintained.
- Changes to the significant events and complaints system were updated to include all possible and on-going significant events and complaints.
- The practice had a system in place for carrying out a planned review of changes introduced following significant events to determine their effectiveness and to assure that changes had been embedded into the practice.
- The recruitment process had been reviewed and was now operating effectively.

Whilst we found no breaches of regulations, the provider **should:**

- Continue to work to improve outcomes for patients living with diabetes, hypertension and mental health conditions. This includes on areas as measured by the Quality and Outcomes Framework (QOF), which showed patient outcomes in these areas were lower than the local and national averages.

- Continue to promote and work to increase the uptake of childhood immunisations for children under two years of age in order to achieve WHO target levels of coverage as a minimum.
- Continue to promote and work to increase the uptake of breast and bowel cancer screening programmes within their patient population.
- Continue to prioritise the summarising of patient records to avoid any backlog.
- Continue to improve the prescribing of antibiotics to ensure that all antibiotic prescriptions are supported with a clear rationale.
- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Improve patient satisfaction with access to the service on areas that are below local and national averages.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service. Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

**Dr Rosie Benneyworth** BM BS BMed Sci MRCGP

Chief 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 and included a GP specialist adviser and a second CQC inspector.

## Background to Woodhouse Hill Surgery

Woodhouse Hill Surgery is located at 71a Woodhouse Hill, Fartown, Huddersfield, West Yorkshire, HD2 1DH, approximately two miles to the north of Huddersfield town centre. The practice is housed in a purpose built single storey building, which is owned by the lead GP. There is disabled access to the practice, and car parking spaces are available.

Website: [www.woodhousehill.co.uk](http://www.woodhousehill.co.uk)

The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England. They are registered with the Care Quality Commission (CQC) to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family planning
- Diagnostic and screening procedures

The practice catchment area is classed as being within one of the more deprived areas in England. The practice scored one on the deprivation measurement scale; the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

There are currently 3,704 patients on their practice list. The National General Practice Profile shows the practice ethnicity as being diverse with 16% Asian, 13% black, and 8% mixed race and 2% other non-white ethnicities. The practice demographics show a slightly higher than average percentage of people in the 0 to 9-year age group. Average life expectancy is 75 years for men and 79 years for women compared to the national average of 78 and 82 years respectively.

The General Practice Profile shows that 62% of patients registered at the practice have a long-standing health condition, compared to 56% locally and 54% nationally. The practice clinical team comprises one principal GP (male), a GP partner (male), two locum GPs (male and female), one female practice nurse and two female locum health care assistants. One female locum practice nurse is also employed to supplement availability of nurse appointments. Weekly clinics are held which include childhood immunisations, asthma and coronary heart disease.

The clinical team is supported by a practice manager, senior receptionist and administrative team.

The practice is open between 8.30am and 6.30pm Monday, Tuesday, Wednesday and Friday, and between

8.30am and 12 midday on Thursday. Patients can be seen at another local practice on Thursday afternoons, as part of a reciprocal local arrangement. The phone lines also transfer to the local practice on Thursday afternoons.

Appointments are available from 8.30am until 6.20pm on Monday, Tuesday and Wednesday 8.30am to 6pm; from 8.30am until 6pm on Friday and from 8am until midday on Thursday.

The practice is part of a federation 'My Health Huddersfield' where extended GP access outside of the above times is available.

Out of hours cover is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the NHS111 service.

When we returned for this inspection, we saw that the previously awarded ratings of the previously registered individual provider were displayed in the premises and on the practice's website.