

Whitmore Reans Health Practice

Quality Report

Whitmore Reans Health Centre
Lowe Street
Whitmore Reans
Wolverhampton
WV6 0QL
Tel: 01902 421679
Website: www.drviandpartners.nhs.uk

Date of inspection visit: 7 August 2017
Date of publication: 26/09/2017

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 well-led?

Requires improvement 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5
Areas for improvement	6

Detailed findings from this inspection

Our inspection team	7
Background to Whitmore Reans Health Practice	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9
Action we have told the provider to take	14

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Whitmore Reans Health practice on 10 October 2016. After the comprehensive inspection, the practice was rated as requires improvement for providing safe and well-led services.

We issued a requirement notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment.
- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Good Governance.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitmore Reans Health Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 August 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 at our previous inspection on 10 October 2016. This report covers our findings in relation to those requirements.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Arrangements were in place to demonstrate learning from significant events and ongoing monitoring ensured that improvements made were appropriate.
- The practice had reviewed and implemented systems to minimise risks to patients. However further improvement was needed to ensure that appropriate arrangements were in place for ensuring medicine safety alerts are received and acted on in a timely way.
- The practice had reviewed its systems and procedures to ensure the safe management of high risk medicines and introduced ongoing monitoring to check improvements were maintained.
- A programme of clinical audits had been identified and arrangements for completing clinical audit cycles to support timely and appropriate improvements in the quality of patient care were in place.
- A system for managing patients' discharge letters and medicine changes was in place.

Summary of findings

- Arrangements for improving the uptake of childhood annual immunisations had been reviewed. Procedures had been implemented to ensure children who did not attend appointments were actively followed up and referred to the appropriate professionals.
- Procedures to ensure the confidentiality of patient information had been reviewed.
- Records of all home visits carried out were maintained.
- Staff had updated the policies and procedures for the practice. These were updated but were not all written to ensure they were specific to the operation of the practice.

There were areas of practice where the provider must make improvements:

Ensure care and treatment is provided in a safe way to patients in particular:

- Ensure that effective systems are embedded to demonstrate that all medicine safety and device alerts are appropriately managed.

There were areas of practice where the provider should make improvements:

- Ensure that policies and procedures contain information that is specific to the operation of the practice.
- Ensure systems are in place to monitor trends identified in significant events.

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 as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. Lessons learnt were shared with staff to make sure action was taken to improve safety in the practice.
- A formal system had been put in place for the ongoing monitoring of significant events to ensure that any changes made as a result were appropriate. However this was not totally effective as significant events we reviewed showed that some events were repeated.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The management of risks to patients had been reviewed to ensure that risks were appropriately managed. There was one exception related to the arrangements to ensure medicine safety alerts were acted on in a timely way.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a vision and strategy and staff were clear about the practice vision and values and their responsibilities in relation to this.
- Governance for clinical risks to keep patients safe was mixed. We saw that effective arrangements for the safe management of high risk medicines and handling medicine alerts were not in place.
- Practice policies were implemented and were available to all staff. These were updated however the practice used a quality assurance tool package and we saw that the policies were not all written to ensure they were specific to the operation of the practice.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 most of the concerns for providing safe and well-led services identified at our inspection on 10 October 2016 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 most of the concerns for providing safe and well-led services identified at our inspection on 10 October 2016 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 most of the concerns for providing safe and well-led services identified at our inspection on 10 October 2016 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 most of the concerns for providing safe and well-led services identified at our inspection on 10 October 2016 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 most of the concerns for providing safe and well-led services identified at our inspection on 10 October 2016 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 most of the concerns for providing safe and well-led services identified at our inspection on 10 October 2016 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 **MUST** take to improve

Ensure care and treatment is provided in a safe way to patients in particular:

- Ensure that effective systems are embedded to demonstrate that all medicine safety and device alerts are appropriately managed.

Action the service **SHOULD** take to improve

- Ensure that policies and procedures contain information that is specific to the operation of the practice.
- Ensure systems are in place to monitor trends identified in significant events.

Whitmore Reans Health Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Whitmore Reans Health Practice

Whitmore Reans Health Practice is registered to provide medical services over three sites within the Wolverhampton area. The main practice is based at Whitmore Reans Health Centre a purpose built health centre. The branches are located at, Pendeford Health Centre and Ednam Road Surgery. For this inspection a visit was made to the main practice and the branch practice located at Ednam Road. Services are provided to patients on the ground floor at each of the premises and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice team consists of two GP partners and one salaried GP, two male and one female. All the GPs each work nine to ten sessions per week. The GPs are currently supported by two advanced nurse practitioners, three practice nurses and a healthcare assistant. Clinical staff are supported by three practice managers, a property manager and 19 administration / receptionist staff. In total there are 32 staff employed either full or part time hours to meet the

needs of patients across the three sites. The practice has four long term locum GPs who work on a sessional basis to support the clinicians and meet the needs of patients at the practice.

The main practice and branches are open between the following times:

- Whitmore Reans Health Centre – Main Practice

Open between 8.30am and 1.30pm Monday to Friday, Monday 3pm to 7.30pm, Tuesday 3pm to 7pm and Wednesday to Friday from 3pm to 6.30pm.

- Pendeford Health Centre – Branch Practice

Open Monday to Friday from 8.30am to 1pm and 2pm to 6pm on Monday, Tuesday, Wednesday and Friday. The practice is closed on Thursday afternoon.

- Ednam Road – Branch Practice

Open between 8.30am and 6.30pm on Monday, Tuesday, Thursday and Friday and 8.30am to 7.30pm on Wednesday.

This practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service provided by Vocare via the NHS 111 service.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 13,170 patients over the three sites. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations and extended hours. The practice and branches are located in one of the most deprived areas of

Detailed findings

Wolverhampton. People living in more deprived areas tend to have a greater need for health services. The practice has a higher than average population of patients from South East Asia, the Middle East and East Europe.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Whitmore Reans Health Practice on 10 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services. The full comprehensive report following the inspection on 10 October 2016 can be found by selecting the 'all reports' link for Whitmore Reans Health Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Whitmore Reans Health Practice on 7 August 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

We carried out a focused inspection of Whitmore Reans health Practice on 7 August 2017. This involved reviewing evidence to ensure that:

- Systems were in place for the proper and safe management of medicines.
- Systems were in place to receive and act on alerts that may affect patient's safety.
- The practice had ensured arrangements were in place for the ongoing monitoring of significant events, incidents, near misses and demonstrating learning and improvements.

- Arrangements for shared care agreements ensured that the practice could gain access to patient test results before issuing a repeat prescription.
- A process for regularly reviewing Patient Group Directions was in place and met legislative requirements.
- Arrangements for completing clinical audit cycles to support timely and appropriate improvements in the quality of patient care had been reviewed.
- Systems for managing patients' discharge letters and medicine changes had been reviewed.
- Arrangements were in place for improving the uptake of childhood annual immunisations.
- Confidentiality of patient information was maintained at all times in line with Data Protection Regulations.
- A record of all home visits carried out was maintained.
- Policies and procedures for the practice had been updated. The practice used a quality assurance toolkit and had not ensured these were changed to be specific to the practice.

During our visit we:

- Spoke with one of the GP partners, three practice managers, two advanced nurse practitioners (one via the telephone) and reception staff.
- Visited the practice main location and one of the branch practices.
- Looked at information the practice used to deliver safe care and treatment.
- Looked at other relevant documentation.

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 Care Quality Commission (CQC) at that time.

Are services safe?

Our findings

During our previous inspection in October 2016, we found that care and treatment was not being provided in a safe way. This was because:

- Systems were not in place for the proper and safe management of medicines.
- Systems were not in place to confirm that medicine safety alerts were received and acted on in a timely manner.

The visit in October 2016 also identified that:

- The practice did not have system for the ongoing monitoring of significant events, incidents, near misses and demonstrating learning and improvements.
- The practice did not have a process for regularly reviewing Patient Group Directions to ensure legislative requirements were met.

This resulted in the practice being rated as requires improvement for providing safe services.

Safe track record and learning

At the inspection in October 2016 we found that the practice had not ensured that systems were in place for the ongoing monitoring of significant events and checking that improvements made were appropriate. At the inspection on 7 August 2017 we found that improvements had been made.

- The systems for reporting and recording significant events had been reviewed and all staff had been updated at meetings on the effective management of significant events following the last inspection.
- We spoke with members of staff who could clearly describe the procedures they followed to report significant events.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant event records were clearly documented at the time they were reported and action points recorded in the minutes of meetings showed that the events were discussed.

Records we looked at showed that 12 significant events had occurred since the last inspection. We noted that the system for reviewing significant events had been reviewed. We noted that recurring trends were not formally identified by the practice however they were acted on. For example three of the events referenced the recording of the wrong patient details on specimens. The practice reviewed the procedures for checking patients details and developed notices which were placed by staff computers and alerts put on the computer system as reminders of the identification process that should be followed, which included all staff checking two forms of identification. This information was seen on the practice computer system.

At the previous inspection we found that the process for acting on medicines alerts that may affect patient safety was not fully effective. The practice had identified that their subscription to the MHRA did not include drug safety updates which included medicines alerts. The practice took action by updating their subscription and started putting plans in place to establish if any actions were required on past alerts. However at this inspection we noted that although the practice had received some alerts these were not the relevant medicine safety alerts. There were no assurances to demonstrate all alerts were acted on or searches undertaken or shared with staff. We discussed this with the GPs and advanced nurse practitioner who had thought they had acted on the relevant medicine alerts. Following the inspection the practice manager sent a written document detailing safety alerts that had been reviewed. The document identified 59 alerts issued over a period of two years, September 2015 to August 2017 with details of the action taken by the practice staff to address these. However, the document we reviewed did not highlight all alerts issued for that period.

Overview of safety systems and processes

Arrangements were in place to safeguard vulnerable adults and children from the risk of 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.

The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting

Are services safe?

rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available.

At our inspection in October 2016 our observation at the Ednam Road branch identified that the rooms on the first floor of the premises were not clean and tidy. For example, we noted that the carpet in the staff toilet was stained. The infection control audit we looked at had identified that the upstairs rooms at the Ednam Road practice were in need of repair and refurbishment. Following the inspection the practice sent us photographs to demonstrate and confirm that the work had been carried out to ensure that these rooms were safe to be used. At this inspection visit we saw all the above concerns had been addressed and improvements made ensured the practice was safe for both patients and staff to use. We saw that building work had also been completed to extend the building in preparation for becoming a training practice.

We found at the inspection in October 2016 that the arrangements for managing medicines in the practice did not always keep patients safe. At this inspection we saw that medicine practices had improved.

- We looked at examples of the practice performance with the management of high risk medicines. One of the medicines looked at was Methotrexate; a medicine used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis. We saw that all patients on this medicine had up to date tests completed before they were issued repeat prescriptions.
- There were shared care agreements in place with a local hospital for some patients, prescribed high risk medicines that needed to be monitored.
- We found that high risk medicines were appropriately monitored.

The practice carried out regular medicines audits, with the support of the local pharmacist advisor, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. There was a dedicated secure fridge where vaccines were stored. There were systems in place to ensure that regular checks of the fridge temperature was undertaken and recorded. The practice had a second method for checking the temperature of the fridge independent of the electricity supply inside the fridge to

ensure the temperature was maintained within the accepted range at all times. This provided assurance that the vaccines were stored within the recommended temperature ranges. We noted that the electrical plug for the fridge was exposed and was at risk of being unplugged.

Patient Group Directions had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. At the last inspection we found that they had not all been signed. This was addressed on the day of the inspection and checks were made to ensure this was maintained.

At the last inspection the arrangements for managing and monitoring uncollected prescriptions were not effective and procedures followed varied between staff. At this inspection we found that there were no uncollected prescriptions, which fell outside of the period where they should have been destroyed or referred to the GP. We found that although the practice had updated the protocol for medicine management staff were not consistent in their responses on the procedure they should follow to appropriately manage uncollected prescriptions.

Monitoring risks to patients

The practice had procedures in place to manage and monitor risks to patients, staff and visitors to the practice. A health and safety policy was available and a poster was displayed. A full legionella (a bacterium that can grow in contaminated water and can be potentially fatal) risk assessment had not been carried out. At this inspection we found that an assessment had been completed and action taken to address any recommendations made.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to 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. A first aid kit and accident book was available.

Are services safe?

- 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents and a copy was kept offsite.

Are services well-led?

Requires improvement 

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

Our findings

During our previous inspection in October 2016, we found that care and treatment was not being provided in a safe way. This was because:

- The practice did not ensure clinical audit cycles were completed to support timely and appropriate improvements in the quality of patient care.
- The practice did not have appropriate systems in place for managing patients' discharge letters and medicine changes.
- The practice did not ensure that patients' information was confidentiality maintained and protected at all times in line with Data Protection Regulations.
- The practice had not ensured that policies and procedures had been updated to reflect current best practice guidance.

This resulted in the practice being rated as requires improvement for providing well led services.

Vision and strategy

The practice had a vision to provide high quality care with compassion, empathy and through innovation promote good outcomes for patients. Staff and patients felt that they were kept informed about any future plans for the practice. Staff told us that the practice vision was shared and discussed at staff appraisals.

Governance arrangements

At this inspection we saw improvements in the governance arrangements within the practice which supported the delivery of the practices strategy for good quality care.

- The arrangements for identifying, recording and managing risks and implementing mitigating actions had improved. For example:
 - Systems for the appropriate and timely management of patients' discharge letters and medicine changes had been implemented and staff were aware of the process they should follow.
 - Following our inspection in October and an incident at the practice involving a breach in confidentiality, the practice had reviewed its procedures to ensure the safe management of patient information. Staff

were aware that when leaving the computer screen it should be locked, consulting rooms locked when not occupied and ID cards removed for the computer system.

- The management team had developed a programme of clinical audits to be carried out by GPs and advanced nurse practitioners and the practice nurses.

However there were some governance arrangements that needed further strengthening:

- At the inspection in October 2016 we found that the practice had not ensured that they received medicine safety alerts. At this inspection we found that a system which included a lead person had been put in place to manage all safety alerts. We found that although the system had been reviewed the arrangements were not fully effective to provide assurances that all medicine safety and device alerts were received into the practice.
- Practice policies and procedures were implemented and were available to all staff. These were updated however the practice used a quality assurance tool package and we saw that the policies were not all written to ensure they were specific to the operation of the practice.

Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP and the management team encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment affected patients received reasonable support, relevant information and a verbal and written apology.

There was a clear leadership structure in place. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We found although the recording of the minutes of meetings had improved there remained gaps to show what staff had attended the meetings, clearly describe the agenda items discussed and how the minutes were shared with the wider practice team.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice continued to gather feedback from patients through the patient participation group (PPG) and through surveys, which included the outcome of friends and family surveys and complaints received.

The practice had gathered feedback from staff through appraisals and informal discussions. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this and the minutes of meetings showed that these were discussed and learning shared with staff. The clinical team which included the lead GP partner, advanced nurse practitioners, practice nurses held clinical review and update meetings. These meetings were used for training and learning sessions and staff were supported to research a clinic topic and present these at clinical meeting. The practice had been approved by a local university to have student nurses. The advanced nurse practitioners had completed a mentorship course at the university to provide appropriate support to the students.

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 were not being met. The provider must send CQC a report that says what action they are 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered persons had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular: <ul style="list-style-type: none">• Effective arrangements were not in place to ensure that appropriate actions were taken in response to medicine and device alerts.