

# North Wingfield Medical Centre

## Quality Report

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Date of inspection visit: 2 February 2016

Date of publication: 19/04/2017

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 responsive to people's needs?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of North Wingfield Medical Centre on 2 February 2017. This inspection was undertaken to follow up on areas we identified for improvement following the initial inspection. Specifically the system in place for sharing learning and outcomes of significant events with staff, completion of an action plan following a risk assessment for legionella and telephone access to the practice.

The practice received an overall rating of good at our inspection on 29 October 2015 and this will remain unchanged until we undertake a further full comprehensive inspection in the future. You can read the report from the last comprehensive inspection, on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- The practice had reviewed the way in which significant events were managed. An effective system was in

place which enabled staff to track the progress of investigations and outcomes. This ensured information was available to all staff at any stage which allowed for their contribution. This encouraged open discussion and learning.

- Following the inspection all areas highlighted in the legionella risk assessment had been actioned and changes had been made such as monitoring the water temperature on a monthly basis.
- Oxygen had been purchased following the initial inspection and had been used on several occasions. It was now a standard item of emergency equipment.
- An assessment of the way calls were handled at peak times had been undertaken and a new processes had been put in place to improve the availability of staff to answer incoming calls.

Chief Inspector of General Practice

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# North Wingfield Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team comprised of a CQC Inspector.

## Background to North Wingfield Medical Centre

The practice is situated in North Wingfield a large village in the county of Derbyshire. The building is a single ground level with good access for disabled patients. The practice supports a population with high unemployment in an area of high deprivation and has a list of approximately 3750 patients.

The practice has two female GPs and two male salaried GPs, a practice nurse prescriber and two health care assistants who work closely with reception and administrative staff on one site. The practice operates on a primary medical services (PMS) contract.

The practice is open between 8:00am and 6:30pm Monday to Friday. Appointments are from 8:00am to 12:30 every morning and 2:30pm to 6:30pm daily. Extended hours surgeries are offered at 7:30 every Wednesday and Friday for pre bookable appointments only. Out of hours (OOH) cover is provided by Derbyshire Health United from 6:30pm to 8:00am through the 111 system.

We inspected this practice under the previous inspection regime on 20 November 2013 and due to concerns raised about the safeguarding procedures and assessments of risk during the inspection a further inspection was conducted on 19 June 2014, where it was found the practice had put in place effective systems to manage these areas.

We carried out our inspection at the practice's only location which is situated at:

Chesterfield Road

North Wingfield

Chesterfield

S42 5ND

## Why we carried out this inspection

We undertook an initial inspection of this service on 29 October 2015 as part of our new comprehensive inspection programme. This inspection was a focused inspection specifically looking at the areas we highlighted for improvement in respect of:

- Reviewing the systems in place for sharing the outcome and learning for significant events with staff.
- Following up on action plan which was produced following legionella risk assessment.
- Putting measures in place to improve telephone access to the practice.

# Are services safe?

## Our findings

**At our previous inspection on 29 October 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing and distributing lessons learned from significant events, completion of action plans as a consequence of risk assessments and no emergency oxygen were not adequate.**

**These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2017. The provider is now rated as good for providing safe services.**

### Safe track record and learning

- There was a new system in place for reporting and recording significant events. A blank form was stored on the practice computer system. There was an effective system in place to ensure significant events were tracked from being initiated through to completion and lessons learned being cascaded to staff. This included a

spreadsheet for oversight and analysis of trends culminating in outcomes being shared amongst staff electronically and reviewed at practice meetings to embed the changes and learning.

### Overview of safety systems and processes

- At the previous inspection there had been a legionella risk assessment undertaken, however the action plan had not been completed and required changes implemented. At this inspection the action plan had been completed. For example there were monthly checks on water temperature were being conducted and logged.

### Arrangements to deal with emergencies and major incidents

- Following the previous inspection an order was placed for a cylinder of oxygen to compliment the emergency medicines and defibrillator held at the practice in case of a medical emergency. This had subsequently been used for treating patients whilst waiting for ambulances and had recently been replaced.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 29 October 2015, we stated telephone access should be improved due poor patient feedback during the inspection. These arrangements had improved when we undertook a follow up inspection on 2 February 2017.**

### Access to the service

The practice team had implemented new processes to utilise the two incoming 'live' lines more effectively and subsequently improve telephone access, for example:

- Incoming calls which need to be transferred had historically continued to be taken on one of the two live

lines which impacted on others getting through, following the review all calls transferred on an incoming line are phoned back to make sure the two lines remain as free as possible.

- The practice decided to move calls for results and prescriptions from the morning to early afternoon to increase the number of reception staff available and prioritise calls for appointments.
- The practice was moving to electronic prescriptions which would reduce the need for patients calling the practice.

At our last inspection the patient survey showed that 66% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%. This had improved to 69% in the latest July 2016 data.