

Wembley Park Drive Medical Centre

Quality Report

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Date of inspection visit: 11 May 2017

Date of publication: 10/08/2017

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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wembley Park Drive Medical Centre on 30 March 2016. The overall rating for the practice was good, however the practice was rated requires improvement for safe. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Wembley Park Drive Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 11 May 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 in our previous inspection on 30 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall, the practice remains rated as good. At our previous inspection on 30 March 2016, we rated the practice as requires improvement for providing safe services as the practice did not have effective monitoring processes in place to ensure there were no gaps in mandatory staff training, as not all staff had received fire safety training and safeguarding training. We also found the practice did not have effective processes in place to ensure that there were no gaps in recruitment records for

newly employed staff. Additionally, the practice did not ensure that all smart cards were securely stored when staff left their rooms. The practice is now rated as good for providing safe services.

Our key findings were as follows:

- Risks to patients were assessed and managed with the exception of recruitment checks, keeping medical records secure and mandatory training.

In addition, at the previous inspection we identified a number of areas where improvements should be made. These were as follows:

- Review the national GP patient survey scores with the aim of improving patient satisfaction scores on nurse's involvement in care.
- Ensure all staff have an understanding of the practice mission statement.
- Ensure all staff have an understanding of the duty of candour policy.

At this inspection we found improvements had been made:

- All staff had completed fire safety and safeguarding training since the previous inspection.

Summary of findings

- Smart card notices had been applied to all computers to alert the staff to remove their cards from their computer when not in use.
- The practice had recruited a new practice nurse and the two of the practice nurses were undergoing extensive training to improve their knowledge and skills.
- The practice had incorporated their mission statement as part of their New Staff Welcome Pack
- The practice had introduced a duty of candour training module into their annual mandatory training schedule.
- Although some improvements had been made to ensure there were no gaps in recruitment records, we still found that one newly recruited clinical member of staff only had one reference requested instead of two as per the practice recruitment policy.

In addition to addressing the breaches of regulation which impacted on safety, the practice had taken additional action on the basis of our last report:

- They had carried out improvement work to the patient toilets.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider should:

- Review staff recruitment files and ensure they are in accordance with policy.
- Continue to review the national GP patient survey results with the aim of improving patient satisfaction for nurse's involvement in care.

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.

- All staff had completed mandatory fire safety and safeguarding training.
- Smart card notices had been applied to all computers to alert the staff to remove their cards from their computers when not in use.
- Although some improvements had been made to ensure there were no gaps in recruitment records, we still found that the practice had only received one reference for a newly employed clinical member of staff instead of two as per the practice recruitment policy.

Good



Wembley Park Drive Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was carried out by a CQC inspector.

Background to Wembley Park Drive Medical Centre

Wembley Park Medical Centre is located in Wembley and holds a General Medical Services (GMS) contract and is commissioned by NHS England, London. The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures and diagnostic and screening procedures.

The practice is staffed by a senior GP female partner who provides two sessions a week and a male GP partner who provides nine sessions a week. The practice employs six female salaried GPs who provide 32 sessions a week. The practice is also staffed by a practice manager who works 36 hours a week and a part time assistant manager who works 32.5 hours a week. Also employed is a practice nurse and an advanced nurse practitioner who work 37.5 hours a week, one part time healthcare assistant (HCA), one part time phlebotomist, one office assistant, a clinical coder, a scanner and six reception and administration staff.

The practice is open between 9.00am and 6.30pm on Monday, Tuesday, Thursday and Friday and between 9.00am and 1.00pm on Wednesday. Outside of these hours,

the answerphone advises patients of the number of their out of hours provider. An extended hours surgery is offered on Tuesday between 6.30pm and 8.00pm. The practice is a part of the Harness group of 26 practices that also provide a GP access hub service which offers extended access clinics between 6.00pm and 9.00pm on Monday to Friday and between 9.00am and 3.00pm on Saturday and Sunday.

The practice has a list size of 10,467 patients and provides a wide range of services including acupuncture, cryotherapy, joint injections, phlebotomy, wound clinic, chronic disease management and antenatal and postnatal care. The practice also offers public health services including family planning, sexual health screening, travel vaccinations and a well women's clinic for cervical screening.

In 1994, the building was located at number 21 Wembley Park Drive which had back and side extensions built to create additional consulting rooms and in 1997, the provider purchased number 19 Wembley Park Drive which includes extra consulting rooms and a second reception and waiting area for the patients.

The practice is also located in a mixed demographic area where 132 different languages are spoken. The majority of the population is relatively young and aged between 20 to 39 years of age.

Detailed findings

Why we carried out this inspection

This inspection was a desk-based review carried out on 11 May 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 in our previous inspection on 30 March 2016.

How we carried out this inspection

We carried out a desk-based focused inspection of Wembley Park Drive Medical Centre on 11 May 2017. This involved reviewing evidence that:

- Relevant staff had now completed their required mandatory training.
- Policies and procedures had been updated.

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 CQC at that time.

Are services safe?

Our findings

At our previous inspection on 30 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment checks, keeping medical records secure and mandatory training were not adequate.

At this inspection, we found the practice had improved its processes for recruitment, mandatory staff training and keeping medical records secure. However, recruitment records for one member of staff showed only one reference. The practice is now rated as good for providing safe services.

Safe track record and learning

At the previous inspection, we identified that not all staff had completed the mandatory fire safety and safeguarding training. At this inspection, we found improvements had been made and the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- All staff had received the appropriate level of child safeguarding training. We saw evidence that new and returning clinical and non-clinical staff members who had not yet received their adult safeguarding training at the previous inspection had now received this training.

Overview of safety systems and process

At the previous inspection, we identified that improvement works were required in the patient toilets and the practice

did not have effective processes in place to ensure that there were no gaps in recruitment records for newly employed staff. At this inspection, we found improvements had been made:

- The practice had carried out improvement works to the patient toilet by installing new tiling and flooring.
- The practice had provided evidence that they had improved their recruitment processes. For example, they were now using an external company to ensure that their recruitment processes were effective. When we reviewed three recruitment records, we found that signed contracts and interview summaries were now in place for newly recruited staff. They had also developed a sample reference statement to be completed when only one reference was received in cases where it was the employee's first employment. However, we still found one newly employed clinical member of staff, had only received one written reference despite this not being their first employment.

Monitoring risks to patients

At the previous inspection, we found risks to patients had not been monitored effectively. At this inspection, we found improvements had been made:

- When we reviewed training records, we found that all staff had received fire safety training.
- They had implemented a new smartcard policy to ensure the safe use of smartcards. A notice had also been applied to all practice computers to alert the staff to remove their cards from their computer when not in use.