

Willowbrook Medical Practice

Quality Report

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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 service

Good 

Are services safe?

Good 

Are services well-led?

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 Willowbrook Medical Practice on 18 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Willowbrook Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 2 March 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 18 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had a formalised process for staff meetings including governance issues.
- Actions and outcomes from legionella testing had been followed up and work was ongoing.

- Patient safety alerts, including estates and facilities alerts were received in practice. There was an effective process for dissemination and evidence to show these were acted on were applicable.
- There was an effective process for reporting and recording significant events, incidents and near misses. All staff were aware of this and all analysis was shared with all staff.
- Policies such as complaints policy and prescription security had been reviewed and updated were required. Staff understood the process and it was been followed.
- Fridge temperatures were recorded and any outside the required range were reported and investigated as an incident. The practice were checking that drugs and vaccines were safe and fit for use.
- Feedback from the national patient survey had been discussed with all staff and with the PPG to identify any areas for improvement.
- The practice had reviewed processes and methods for identification of carers and the system for recording this. The practice had a carers champion who was responsible for maintaining the list and contacting them to offer support and advice for those that required it.

Summary of findings

- The registration of the regulated activity of maternity and midwifery services had not been completed on the day of inspection, however this was in the process of being actioned following the new registered manager application.

The areas where the provider should make improvement are:

- Ensure regulated activity of maternity and midwifery is added when registered manager is in place.

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?

At the inspection in August 2016 we identified concerns in relation to incident reporting, sharing of information, patient safety alerts and legionella.

At this inspection we found that

- The system in place for reporting and recording significant events had been strengthened and that staff were reporting all incidents including those celebrating good practice.
- Lessons were shared to ensure action was taken to improve safety in the practice and had been shared at staff, nurse and clinical governance meetings.
- The practice had a log of all incidents which linked to graphs to identify themes and trends.
- Risk to patients were assessed and well managed. Legionella risk assessment actions had been completed and work was ongoing.
- There was no process in relation to safety alerts received into practice and we did not see evidence that all these had been actioned or discussed.
- Patient safety alerts, including estates and facilities alerts were received in practice. There was an effective process for dissemination and evidence to show these were acted on were applicable

Good



Are services well-led?

At the inspection in August 2016 we identified concerns in relation to governance, sharing of information and practice policies.

At this inspection we found that

- The practice had a formalised process for staff meetings including governance issues.
- Policies such as complaints policy and prescription security had been reviewed and updated where required. Staff understood the process and it was being followed.
- Feedback from the national patient survey had been discussed with all staff and with the PPG to identify any areas for improvement.
- The practice had reviewed processes and methods for identification of carers and the system for recording this. The practice had a carers champion who was responsible for maintaining the list and contacting them to offer support and advice for those that required it.

Good



Summary of findings

- Arrangements to monitor and improve quality and identify risk were effective.
- The registration of the regulated activity of maternity and midwifery services had not been completed on the day of inspection, however this was in the process of been actioned following the new registered manager application.

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 practice is rated as good for the care of older people	Good 
People with long term conditions The practice is rated as good for the care of people with long-term conditions.	Good 
Families, children and young people The practice is rated as good for the care of families, children and young people.	Good 
Working age people (including those recently retired and students) The practice is rated good for the care of working-age people (including those recently retired and students).	Good 
People whose circumstances may make them vulnerable The practice was rated as good for the care of people whose circumstances may make them vulnerable.	Good 
People experiencing poor mental health (including people with dementia) The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).	Good 

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure regulated activity of maternity and midwifery is added when registered manager is in place.

Willowbrook Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Willowbrook Medical Practice

Willowbrook Medical Practice is a six partner practice which provides primary care services to approximately 15100 under a General Medical Services (GMS) contract.

- The practice is situated in Sutton-in-Ashfield in a purpose built building that is accessible to patients with wheelchairs and those with limited mobility.
- There is a large car park at the practice and the practice is fully accessible to patients with mobility problems or those using wheelchairs.
- Services are provided from Willowbrook Medical Practice, Brook Street, Sutton In Ashfield, Nottinghamshire, NG17 1ES
- The practice consists of six partners (five male and one female).
- The all female nursing team consists of three advanced nurse practitioners, five practice nurses and three health care assistants (HCA) two of whom are phlebotomists.
- The practice has a practice manager and assistant manager who are supported by 22 clerical and administrative staff to support the day to day running of the practice.

- This practice provides training for doctors who wish to become GPs and at the time of the inspection had one doctor undertaking training at the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a lower than average number of patients aged 29 to 39 years of age and higher than average number of patients over 65 years of age.
- The practice has high deprivation and sits in the third more deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice lies within the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice is open between 8.30am and 6.30pm Monday to Friday with extended hours to 8.30pm on Mondays. Appointments are from 8.40am to 11.30am and 2.40pm to 5.20pm other than Mondays when extended hours appointments are offered until 8pm.

Why we carried out this inspection

We undertook a comprehensive inspection of Willowbrook Medical Practice on 18 August 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.

Detailed findings

The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Willowbrook Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection Willowbrook Medical Practice on 2 March 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

During our visit we:

- Spoke with a range of staff (GP, Practice management, administrative staff and nursing staff).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked policies, processes and systems in place.
- Reviewed minutes of meetings.

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 18 August 2016, we rated the practice as requires improvement for providing safe services as we had concerns in relation to incident reporting, sharing of information, patient safety alerts and legionella.

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

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The system for reporting and recording of incidents had been strengthened. There was a link directly from the home page that took staff to the incident reporting form. This could be completed electronically or printed off and manually completed. This was then reviewed by management and added to the agenda for the next meeting or if required acted on immediately and added to the next meeting for discussion.
- The practice had a log of all the incidents and actions taken and lessons learned. These included celebrations of good practice, for example action taken when a patient became unwell in a consultation.
- The minutes of the clinical governance meetings, staff meetings and nurse meetings all included significant events as a standing agenda item and these were discussed and reviewed to check that actions had been completed.
- Safety alerts including estates and facilities alerts were actioned and we saw a detailed log of action taken and

dissemination of these alerts. This also included dates of meetings that these had been discussed at. For example, clinical governance meetings and nurse meetings.

Overview of safety systems and processes

- We saw that the practice had updated and reviewed the cold chain policy and that the staff were now following this process and any occasions where the fridges had been outside the required range had been reported and investigated appropriately. Medication such as lignocaine (used as a local anaesthetic) and nebuliser solution (used for treatment of respiratory disease or disorder) which previously was stored in the fridge was now stored in a locked cupboard. This medication did not require storage at a set temperature.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The legionella risk assessment that had been completed had highlighted that the practice should be recording temperatures of the taps and we were shown that this was being done and recorded, however we saw that on nine occasions the temperature had not reached the desired temperature. This had now been acted upon and the practice were in the process of work been completed to correct this problem, involving the water and gas company. The practice had regular testing to show that there was no legionella present and the checks and temperature recordings were in place and completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services well-led?

Good 

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

Our findings

At our previous inspection on 18 August 2016, we rated the practice as requires improvement for providing well-led services as we identified concerns in relation to governance, sharing of information and practice policies.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 2 March 2017. The practice is now rated as good for being well-led.

Governance arrangements

- The practice had updated and reviewed some of their policies and procedures and this had been done in consultation with the staff involved. New processes or policies had been discussed at meetings with staff prior to implementation.
- The process for reporting and recording significant events was effective and included discussion and review with all staff.
- The practice had a log for recording incidents and complaints, which linked to graphs and charts, this enabled the practice to identify themes and trends.

Leadership and culture

- The practice management had change since the previous inspection. The management in the practice was clear and professional. We saw examples of systems and processes that had been implemented to improve the practice such as the log for patient safety alerts.
- The practice had fixed agenda items including NICE guidance, safety alerts, complaints and significant events.

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

- The national patient survey information that had been released in July 2016 had not been shared with the PPG and discussed in a practice meeting.
- This along with information gathered from the complaints themes had been used to look at a way to improve the appointment system. This work was ongoing and new ideas were been looked at with representation from management, clinical and administrative staff.