

Widdrington Medical Practitioners

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 inspection of this practice on 16 October 2014. Breaches of legal requirements were found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers (which corresponds to Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014);
- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control (which corresponds to Regulation 12 (2) (h) of the HSCA 2008 (Regulated Activities) Regulations 2014);
- Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines (which corresponds to Regulation 12 (f) and (g) of the HSCA 2008 (Regulated Activities) Regulations 2014);

- Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment (which corresponds to Regulation 15 of the HSCA 2008 (Regulated Activities) Regulations 2014).

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Widdrington Medical Practitioners on our website at www.cqc.org.uk.

Our key findings were as follows:

- The practice had made significant progress and had addressed all of the issues identified during the previous inspection.
- A new and highly effective governance framework had been implemented.
- The culture within the practice was inclusive and all staff had felt supported during the period of reflection and improvement.

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.

Action had been taken to address all of the concerns raised during our previous inspection in October 2014. There were effective arrangements in place to manage significant events. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. The practice used every opportunity to learn from incidents to support improvement.

There was evidence of good medicines management. Good infection control arrangements were in place and the practice was clean and hygienic.

The practice had comprehensive systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There was a plan in place to ensure regular, documented checks of the building, the environment and equipment were carried out.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

Action had been taken to address all of the concerns raised during our previous inspection in October 2014. The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear, documented vision. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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.

When we inspected the practice in October 2014 we found were aspects of the practice which were inadequate and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

Good



People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

When we inspected the practice in October 2014 we found were aspects of the practice which were inadequate and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

When we inspected the practice in October 2014 we found were aspects of the practice which were inadequate and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

When we inspected the practice in October 2014 we found were aspects of the practice which were inadequate and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

When we inspected the practice in October 2014 we found were aspects of the practice which were inadequate and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

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).

When we inspected the practice in October 2014 we found were aspects of the practice which were inadequate and related to all population groups.

During this inspection we found the practice had taken action to address all of the concerns identified. These new arrangements related to all population groups.

Good



Summary of findings

What people who use the service say

We reviewed 12 CQC comment cards which had been completed by patients prior to our inspection.

Patients were all very complimentary about the practice, the staff who worked there and the quality of service and

care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy.

Widdrington Medical Practitioners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team also included two clinical specialist advisors; a GP and a practice nurse.

Background to Widdrington Medical Practitioners

Widdrington Medical Practitioners are registered with the Care Quality Commission to provide primary care services. The practice is located in the village of Widdrington in Northumberland and provides primary medical care services to patients living in the village and surrounding areas.

The practice provides services to around 2,800 patients from one location; Grange Road, Widdrington, Northumberland, NE61 5LX. We visited this address as part of the inspection.

The practice has two GP partners (one female and one male), one (male) salaried GP, a practice nurse, a practice manager and seven staff who carry out reception and administrative duties. In late 2013 one of the GP partners from the practice took over the running of a second local GP practice. All of the GPs work across both sites. The practice manager is responsible for managing both practices. There is a dispensary within the practice; this is managed by a pharmacist, supported by four dispensing staff.

The practice is part of Northumberland clinical commissioning group (CCG). The practice is situated in an area of relatively low levels of deprivation. The practice population is made up of a slightly higher than average proportion of patients over the age 65 (19.7% compared to the national average of 16.7%).

The practice is located within a purpose built single storey building. It also offers on-site parking, disabled parking, a disabled WC, wheelchair and step-free access. A dentist and an optician are also based within the building.

Surgery opening times at the practice are between 8:30am and 6:00pm Monday to Friday. An extended surgery is provided on a Monday evening with GPs until 6.30pm and with the nurse until 8:00pm. Patients can book appointments in person, on-line or by telephone.

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Northern Doctors Urgent Care (NDUC).

Why we carried out this inspection

We undertook an announced focused inspection of Widdrington Medical Practitioners on 9 July 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 16 October 2014 had been

Detailed findings

made. We inspected the practice against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

How we carried out this inspection

We carried out an announced visit on 9 July 2015. We spoke with eight members of staff from the practice. We spoke

with and interviewed four GPs, the practice manager and three staff carrying out reception, administrative and dispensing duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 12 CQC comment cards on which patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Learning and improvement from safety incidents

When we inspected the practice in October 2014 we identified some concerns in relation to how the practice learned and improved from safety incidents.

- The practice was unable to provide a log of significant events which had occurred during the previous 12 months. A record of one recent significant event was made available to us prior to the inspection.
- There were no formal arrangements for ensuring that staff were aware of safety alerts, for example, from the General Medical Council.

During the inspection in July 2015 we found the practice had addressed all of the concerns. Staff had undertaken a thorough review and had made significant changes to their processes. A comprehensive system for managing significant events had been implemented. A policy had been developed which had been shared with all staff. A detailed flow chart was available for staff to refer to so they knew the actions to take. Staff we spoke with were aware of the new system and gave several examples of where they had reported events. The number of significant events reported had increased from one to 39.

All staff within the practice were involved in the reporting and reviewing of significant events. A detailed spreadsheet was used to monitor the progress of events. This included links to the minutes of meetings where the issue had been discussed, details of the outcomes and links to documents and policies reviewed and implemented as a result of the event. Dates were specified at each stage, for example, when the issue was raised and when any learning points were due to be reviewed to ensure they remained effective.

The practice had taken steps to ensure that any safety alerts were disseminated to the appropriate staff. The practice manager maintained a detailed spreadsheet which showed when the alerts had been received, the action taken and evidence that the staff involved had read and understood the alert. Although this had only been implemented since we last inspected, the practice manager had proactively undertaken an audit of the process to ensure it was being followed.

Reliable safety systems and processes including safeguarding

When we inspected the practice in October 2014 we identified some concerns in relation to safeguarding arrangements.

- None of the staff within the practice had received training on safeguarding vulnerable adults.
- There were no visible notices in either the waiting room or consultation rooms to inform patients of their right to request a chaperone.
- Some staff were not clear about the requirements of the role or their responsibilities when acting as chaperones. The practice manager told us staff had not received any recent chaperone training.

During the inspection in July 2015 we found the practice had addressed all of the concerns. All staff had completed the relevant training on safeguarding vulnerable adults. There were notices on display throughout the practice to inform patients of their right to request a chaperone. All of the staff we spoke with had received appropriate chaperone training and were clear about the requirements of the role.

Medicines Management

When we inspected the practice in October 2014 we identified some concerns in relation to medicines management arrangements.

- Records showed that staff dispensing medicines had received appropriate training but their competency to dispense was not checked.
- There were no procedures for checking emergency medicines and vaccines or the recording of blank prescription forms.
- Procedures were in place to minimise prescribing and dispensing errors but these were not routinely recorded and analysed to help identify areas where improvement might be required.
- Blank prescriptions were stored securely but the recording and audit trail was inadequate and did not meet national guidance, NHS Protect: Security of Prescription Forms.

Are services safe?

- All the supplies of emergency medicines in the designated emergency medicines box were out of date. There was no system in place for monitoring the expiry date of these medicines and recording these checks

During the inspection in July 2015 we found that the all of the dispensary staff had their competency to dispense checked. Plans were in place to ensure this was carried out on an annual basis. We saw records of these checks which confirmed they had taken place.

Systems were in place to check the vaccines were in date. We looked at a sample and saw they were all in date.

The practice had implemented effective arrangements for the recording and audit trail of blank prescription forms. Records of serial numbers were maintained and clinicians had to sign for receipt of the pads.

We looked at the emergency medicines and saw they were all in date. Regular checks were carried out by staff to ensure this would always be the case. An in-depth review of the emergency medicines had taken place. This had resulted in a number of positive changes to the system, for example, the medicines were stored in a box with a tamper proof seal.

Cleanliness & Infection Control

When we inspected the practice in October 2014 we identified some concerns in relation to infection control arrangements.

- No formal infection control audits were undertaken. Staff had not received any training about infection control specific to their role.
- The curtains in the practice nurse's room were not clean. There were no procedures or checks in place to ensure the curtains were regularly cleaned.
- The lids were open on the sharps bins and they had not been signed and dated to say who had constructed them and that they were safe to use.
- There was no policy for the management, testing and investigation of legionella (bacteria found in the environment which can contaminate water systems in buildings).

During the inspection in July 2015 we found all areas of concern had been addressed. The practice had carried out some research on infection control and prevention and had commissioned a specialist organisation to carry out a

review of their systems and processes. An infection control audit had been carried out by a specialised infection control nurse from the local NHS Trust. Following these, comprehensive policies and procedures had been produced and implemented.

Infection control leads had been appointed and all had clear, specific roles. For example, there was a clinical lead and a dispensary lead; each was responsible for their own areas within the practice. All staff had received training which was appropriate to their role.

All of the curtains were visibly clean and there were schedules showing when they were next due to be cleaned.

The sharps bins were all labelled appropriately and the lids were closed.

A policy on the management of legionella had been implemented. A risk assessment had been carried out and the practice had put arrangements in place to ensure this was monitored on an ongoing basis.

Equipment

When we inspected the practice in October 2014 we identified some concerns in relation to equipment.

- Equipment, such as weighing scales and blood pressure machines had been due to be calibrated in March 2014 but this had not yet been done.
- Some of the equipment in the treatment room was out of date. There were no formal arrangements in place to check such equipment.

During the inspection in July 2015 we found all equipment had been recalibrated. The practice manager had devised a programme for ensuring all equipment was maintained in line with manufacturers' guidelines.

All of the equipment in the treatment room that we looked at was in date. A new process of checks had been put into place; reception staff carried out weekly checks of all rooms and equipment. Staff told us this had been working well.

Monitoring Safety & Responding to Risk

When we inspected the practice in October 2014 we identified some concerns in relation to how the practice monitored safety and responded to risk.

We said 'The practice did not have formal systems, processes and policies in place to manage and monitor

Are services safe?

risks to patients, staff and visitors to the practice. There were no documented, regular checks of the building, the environment or equipment, except for weekly checks of the fire alarms and emergency lights. The practice manager told us fire drills were carried out every six months. There were no records held of these drills.'

During the inspection in July 2015 we found significant progress had been made and all of the concerns had been addressed. There were effective systems in place to manage and monitor risks to patients, staff and visitors to the practice. Regular and documented checks of the building, environment and equipment were carried out.

A fire drill had been carried out in April 2015; a documented review was carried out after the event. A number of issues had been identified; the drill was therefore categorised as a significant event. A review was carried out and changes made to the policy. A further drill was carried out in June 2015 to ensure the new policy was fit for purpose. This

identified some other minor amendments were necessary to the policy. The second drill was also listed as a significant event and was saw records confirming further updates to the policy had been actioned.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in October 2014 we identified some concerns in relation to arrangements for dealing with emergencies and major incidents.

- The defibrillator had last been checked over a year ago, in March 2013.
- There was no oxygen in place. Oxygen is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma). The Resuscitation Council (UK) has the view that 'current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.'

During the inspection in July 2015 we found that regular checks of the defibrillator had been carried out and oxygen was in place.

Are services well-led?

Good 

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

Our findings

Vision and Strategy

When we inspected the practice in October 2014 we identified some concerns in relation to the practice's vision and strategy.

We said, 'The practice did not have a clear vision for future development. Some of the staff we spoke with were not clear about the practice's vision. There was no documented vision statement. There were no strategic plans for the future of the practice'.

During the inspection in July 2015 we found the practice had a clear and documented vision. This was on display in the practice waiting room, on its website and on all computer screens and was 'To work together seamlessly to provide excellent care to meet individual patient needs, and strive to deliver a high quality service'. We spoke with a variety of practice staff including the practice manager, GPs and some of the practice's administrative and support staff. They all knew and shared the vision and knew what their responsibilities were in relation to this.

In addition to the vision, a formal business plan had been developed. This outlined the practice's main aims and objectives, with timescales for the short and long term.

Governance Arrangements

When we inspected the practice in October 2014 we identified some concerns in relation to the practice's governance arrangements.

- The practice did not have a comprehensive assurance system in place to measure performance. Many of the concerns we identified throughout the inspection happened because of this. For example, if regular checks on equipment had been carried out then it would have been unlikely that we found out of date items.
- Practice policies were updated on an ad-hoc basis; there was no timetable in place to ensure policies were checked to ensure they remained relevant. There were no follow up arrangements in place to check whether staff had read and understood the policies.

- There was no clinical governance policy. The practice had previously been run by two GP partners so it was felt a formal policy was not necessary. Since the employment of additional clinical staff this decision had not been revisited.
- There were no arrangements in place to regularly audit areas such as infection control or health and safety.

During the inspection in July 2015 we found significant improvements had been made to the governance arrangements. All areas of concern had been addressed. A comprehensive assurance and audit system had been put into place. The practice had an audit plan which set out the audit process and the areas to cover. The audit plan set out the aim to 'adopt a culture of continuous audit across all areas of service provision'. This included, clinical, health and safety, infection prevention and control, administration and the dispensary. The plan contained information for staff on what an effective audit is, how often audits were to be carried out in each area and how the results would be reviewed.

A member of staff had been nominated as a compliance officer. Part of their role was to monitor the practice's policies and procedures. A detailed protocol was in place which set out how often policies were to be reviewed and how the practice would ensure staff had read and understood any policies relevant to them. We looked at the system and saw it operated effectively. All of the policies were up to date and available for staff to access; there were hard copies in the office and on the shared computer system. A checking system was in place for staff to sign to say they had read and understood the policy. This schedule was then taken to the clinical governance meeting so the management team could see that all staff had seen the policy.

A detailed clinical governance policy was in place. Weekly clinical governance meetings were held and minutes were maintained.

Practice seeks and acts on feedback from users, public and staff

When we inspected in October 2014 we found the practice did not have a whistleblowing policy and staff we spoke with were not aware of the issue and did not know whether any arrangements were in place.

Are services well-led?

Good 

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

During the inspection in July 2015 we found a whistleblowing policy had been implemented and shared with all staff. Staff we spoke with were all aware of the policy and how to access it.

Management lead through learning & improvement

When we inspected in October 2014 we identified some concerns around learning and improvement within the practice.

- There was no clear strategy to support staff development and training. There were no policies or formal arrangements in place to help manage staff performance.
- Staff meetings were scheduled to be held on a monthly basis. Some of the staff we spoke with said that a number of team meetings had been cancelled due to work priorities. We looked at the minutes from a practice meeting held in July. The content of the meeting did not include any quality reviews or issues. There was no evidence of learning from complaints for example, being shared across the practice. We saw there

had also been a meeting in August, however there were no minutes from this meeting. It was therefore difficult to ascertain what had been discussed and which staff had attended.

During the inspection in July 2015 we found the practice had addressed all of the concerns. A review of training needs had been carried out and staff had received training in several areas, including chaperoning, safeguarding and infection control.

There was a detailed schedule of staff meetings; this included whole team, clinical team, management team and administrative team meetings. All of the meetings were minuted and copies were available to staff on the shared computer system. We looked at a sample of minutes and saw how learning was shared with staff throughout the practice. The staff we spoke with all told us they felt very well supported and included in the running of the practice. They said the practice was well led and there was an open culture, where they were encouraged to share their thoughts and opinions.