

# Woodroyd Medical Practice

## Quality Report

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Date of inspection visit: 19 January 2017  
Date of publication: 30/01/2017

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

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 Woodroyd Medical Practice on 13 September 2016. The overall rating for the practice was good. However, a breach of the legal requirements was found which resulted in the practice being rated as requires improvement for providing safe services. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Woodroyd Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

In addition to the breach of regulation, at the inspection on 13 September 2016 we also said the practice should consider the following areas:

- The practice should review the necessity of requesting DBS checks for staff prior to them commencing in their new roles and be able to assure themselves of the suitability of the candidate for the post. The practice should ensure that all staff who act as chaperones for patients have undergone training and have a Disclosure and Barring Service check (DBS) or a risk assessment in place.

- The practice should ensure that when things go wrong with care or treatment that any actions taken to improve safety are fed back to staff and patients.
- The practice should continue with their plan to ensure that staff are suitably trained to carry out their roles.
- The practice should continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of the patient population in the future and improve access.

This inspection was an announced focused inspection carried out on 19 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach of regulations that we identified in our previous inspection on 13 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice has now met the legal requirements in the key question of safe which is also now rated as good.

Our key findings were as follows:

- Risks to patients were assessed and well managed. The practice had implemented Disclosure and Barring Service (DBS) checks for all members of staff.

# Summary of findings

- We saw evidence that staff who acted as chaperones for patients had undergone training and had a DBS check in place.
- The practice ensured that when things went wrong with care or treatment, this was documented and action was taken to improve safety in the practice. These actions were fed back to staff and patients, for example, through meetings.
- The practice had ensured that the staff team were suitably trained to carry out their roles. We saw evidence that training had been completed in areas including safeguarding, infection prevention, information governance, fire and health and safety.
- The practice encouraged patients to complete patient satisfaction surveys and had increased the number of nurse appointments available each week in response to patient feedback. Feedback was obtained through the Friends and Family test. This is a feedback tool

which asks patients if they would recommend the services they have used to their friends and family. Figures given to us by the practice for surveys undertaken between August 2016 and January 2017, showed of 32 responses 99% of patients would be likely or extremely likely to recommend the surgery to their friends and family.

The areas where the provider should make improvement are:

- The practice should continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of the patient population in the future and improve access.

**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?**

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 13 September 2016.

The issues at the previous inspection included:

- On the day of inspection we noted four occasions when temperatures in one vaccine refrigerator were outside the recommended temperature of range of 2-8 degrees. We did not see that this was suitably monitored or action taken to assess the risks associated with vaccines being stored out of temperature ranges.

At this inspection in January 2017 we found:

- The practice had raised a significant event and reported the issue to the relevant agencies for advice and support.
- The arrangements for managing vaccines, in the practice kept patients safe (including obtaining, handling, storing, security and disposal). We saw that the practice had recently experienced a further issue with their vaccine refrigerators and that this was well managed.

**Good**



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- The practice should continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of the patient population in the future and improve access.

# Woodroyd Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a second CQC Inspector.

## Background to Woodroyd Medical Practice

Woodroyd Medical Practice provides services for 5,703 patients and is situated in the Woodroyd Centre, Woodroyd Road, Bradford, BD5 8EL.

Woodroyd Medical Practice is situated within the Bradford Districts Clinical Commissioning group (CCG) and provides primary medical services under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

They offer a range of enhanced services such as childhood immunisations, services for patients with a learning disability and facilitating timely diagnosis and support for people with dementia.

The National General Practice Profile shows that the age of the practice population is slightly different to the national average with lower numbers of patients aged over 40 and higher numbers of patients aged below 24. The profile shows that 47% of the practice population is from a south

Asian background with a further 12% of the population originating from black, mixed or non-white ethnic groups.

There are two GP partners one of whom is male and one is female. The practice currently uses a number of long term locum GPs to meet patient needs.

The practice has one permanent part-time female practice nurse and two locum nurses. They have recently recruited a female health care assistant (HCA) who works 30 hours per week. The practice is also supported by a pharmacist for two hours per day.

The clinical team is supported by a practice manager and a team of administrative staff.

The practice catchment area is classed as being within one of the most deprived areas in England. People living in more deprived areas tend to have a greater need for health

services. Male life expectancy is 75 years compared to the national average of 79 years. Female life expectancy is one year below the national average at 82 years.

The surgery is situated within a large health centre which also hosts other GP surgeries and community facilities. Car parking is available. The surgery has level access and has disabled facilities.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are available from 8.00am to 11.30am and from 1.30pm to 5.30pm. The practice is closed on a Wednesday afternoon and patients are directed to the out-of-hours service. This service is provided by an external contractor, Local Care Direct at Hillside Bridge Health Centre. Patients are also advised of the NHS 111 service.

## Why we carried out this inspection

We undertook a comprehensive inspection of Woodroyd Medical Practice 13 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated overall as good. However a breach of the regulations was found. The

# Detailed findings

full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Woodroyd Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Woodroyd Medical Practice on 19 January 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 follow up inspection of Woodroyd Medical Practice on 19 January 2017.

During our visit we:

- Spoke with the practice manager.
- Observed and listened to staff interactions with patients on the telephone and at the reception desk.
- Observed the reception area, several clinical rooms and the vaccine storage arrangements.
- Reviewed the training records and Disclosure and Barring Service (DBS) checks of staff members.
- Reviewed one questionnaire which had been completed by a non-clinical staff member before our visit.

# Are services safe?

## Our findings

At our previous inspection on 13 September 2016, we rated the practice as requires improvement for providing safe services. The arrangements in respect of the monitoring, management and mitigation of risks to the health and safety of service users were not adequate. We found that the practice had failed to follow their own policy and identify the risks associated with vaccines being stored out of temperature range, in line with public Health England Guidance, Protocol for ordering, storing and handling vaccines, 2014.

These arrangements had significantly improved when we undertook a follow up inspection on 19 January 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning.

- We saw that the practice had raised a significant event in relation to the vaccine refrigerator temperatures being out of range. We saw that action had been taken as a result of this issue and that outcomes and learning points were shared with the staff team at meetings.

### Overview of safety systems and process

- The arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, recording, handling, storing, security and disposal).
- The practice had updated their Cold Chain, Fridge and Vaccine policy to reflect good practice. Information contained in the policy included the appropriate management of vaccines, cleaning arrangements and actions that should be taken by staff if the temperature fell below the accepted range.
- The practice had purchased a second digital thermometer for each of their vaccine refrigerators to assure themselves that vaccines were stored at the appropriate temperatures. We saw that the practice had recently experienced a further issue with one vaccine refrigerator and that this was well managed.