

The Whalebridge Practice

Quality Report

Health Centre
Carfax Street
Swindon
Wiltshire
SN1 1ED

Tel: 01793 692933

Website: <http://www.whalebridge.nhs.uk/>

Date of inspection visit: 16th September 2015

Date of publication: 17/12/2015

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 effective?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to The Whalebridge Practice	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focussed inspection of The Whalebridge Practice, Health Centre, Carfax Street, Swindon, SN1 1ED.

Our previous inspection on 10 October 2014 found breaches of regulations relating to the safe delivery of services. We found the practice was inadequate for the provision of safe services and was rated as requiring improvement for effective and well led services. Caring and responsive service provision was rated as good. Overall the practice was rated as one which required improvement.

We found during this inspection that the practice was meeting the regulations that had previously been breached and had taken action in relation to safe service provision. These areas related to infection control, safe management of medicines and the safe arrangements for responding to a medical emergency.

This report only covers our findings in relation to those areas in which were inadequate or required improvement. These areas were identified within our last inspection report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Whalebridge Practice on our website at www.cqc.org.uk.

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

- Vaccines and liquid nitrogen were stored securely. There were systems in place to monitor and record the temperatures of all refrigerators containing medicines and vaccines.
- There was a planned approach to clinical audits which led to changes in the care and treatment provided to patients.
- The systems for the management of infection control were carried out effectively.
- The training needs of staff were identified, planned and delivered.
- A risk assessment process for the arrangements for responding to medical emergencies and for accessing resuscitation equipment was in place, reviewed and actions implemented to ensure a safe system.
- A risk assessment was regularly carried out and actions put in place in regard to ensuring safe access arrangements for patients to the practice building and facilities.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

Summary of findings

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.

Since our last inspection safe systems have been implemented for medicines management, infection control and for responding to medical emergencies. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

Since our last inspection improvements have been made to a system of clinical audit of which the findings were used to improve patients care and treatment. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.

Good



Are services well-led?

The practice is rated as good for being well-led.

Since our last inspection the practice has a clear vision and strategy. There was a clear leadership structure. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk.

Good



The Whalebridge 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 The Whalebridge Practice

The Whalebridge Practice is situated in the town centre area of Swindon, Wiltshire. The practice has approximately 9,700 registered patients across a large area of Swindon. The practice is located in premises which are shared with another GP practice and a GP walk in service. Other community healthcare services are also based in the same building. The practice has four consulting rooms and two treatment rooms. The practice is on a primary medical service contract with the Swindon Clinical Commissioning Group.

The Whalebridge Practice is only provided from one location:

The Whalebridge Practice

Health Centre

Carfax Street

Swindon

Wiltshire

SN1 1ED

The practice supported patients from all the population groups: older people; people with long-term conditions;

mothers, babies, children and young people; working-age population and those recently retired; people in vulnerable circumstances who may have poor access to primary care; and people experiencing poor mental health.

Over 44% of patients registered with the practice were working aged from 15 to 44 years, 25% were aged from 45 to 64 years old. Just above 14% were over 65 years old and 16% were less than 14 years of age. Information from the Swindon Clinical Commissioning Group (CCG) showed that 52% of the patients had long standing health conditions, which was similar to the national average of 53%. The percentage of patients who had caring responsibilities was 11% and 7.9% of the working population were unemployed.

There were three GP partners, all male. Three practice nurses and one healthcare assistant provided health screening and treatment five days a week. Additional clinics were available occasionally to meet specific needs such as influenza vaccinations. The GPs were available for routine surgeries between the hours of 8am and 6.30pm Monday to Friday. Early morning appointments were available on request from 07:00 to 08:00.

The practice referred patients to another provider for an Out-of-Hours service to deal with any urgent needs when the practice was closed.

Why we carried out this inspection

We undertook an announced focused inspection of The Whalebridge Practice on 16 September 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our

Detailed findings

comprehensive inspection on 10 October 2014 had been made. We inspected the practice against three of the five questions we ask about services: is the service safe, effective and well led.

How we carried out this inspection

The practice provided us with information and action plan following the last inspection in October 2014 to tell us how they had addressed the concerns regarding patients' safety and wellbeing.

During our announced visit on 16 September 2015 we spoke with three of the GPs, two practice nurses, the practice manager, and the reception and administration staff on duty.

We looked at documents and information and observed how the practice was run.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had developed, implemented and embedded systems, processes and practices in place to keep people safe, which included:

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Changes had been put in place to keep the sluice and treatment rooms clear of equipment, files and documents so that cleaning could be effectively carried out regularly. The shared responsibility for the movement and disposal of sharps and clinical waste had been reviewed with the building provider and new protocols were in place to ensure safety was maintained. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Advice and support had been taken in regard to carrying out infection control audits which were undertaken more thoroughly, and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing vaccines and liquid nitrogen had been reviewed and changes had been put in place to keep them safe. Vaccine fridges had been

replaced, new methods of monitoring temperature control had been implemented and audits had shown they were carried out effectively. Liquid nitrogen had been moved to a secure area and locked away and signage was on display to warn of its presence and alert others of the danger of liquid gases in the vicinity.

Arrangements to deal with emergencies and major incidents

All staff had received annual basic life support training and there were emergency medicines and equipment available in the building. The practice shared responsibility and some of the emergency equipment with the other services based in the premises. As a result of the concerns raised at the last inspection about the location of the automated external defibrillator (AED), medicines and oxygen on the ground floor of the building the practice reviewed the systems they had in place. They had reviewed their policies, procedures and risk assessment systems for the shared use and storage of resuscitation equipment. They had purchased additional equipment and signage. They had carried out trial runs, made adjustments where equipment was stored and engaged in agreements with the other services located in the building in regard to shared responsibilities. Staff were confident they were able to respond effectively to any medical emergency in a timely way. There was a system in place to regularly review and update the new policy and procedures.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been seven clinical audits completed and there was information to show that the outcomes of these audits resulted in improvements to patient care. The practice participated in applicable local Clinical Commissioning Group audits such as those regarding polypharmacy. Audits were generated from reviews of significant events. The partners had agreed a clinical audit policy and procedure and there was a planned approach to auditing.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. This induction programme had been reviewed and updated and locum/ new GP packs had been developed to provide to new staff when they commenced working at the practice.

Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff training needs were identified through appraisal and supervisory meetings and discussions. There was a training log for the practice manager to monitor training needs and there was a planned approach to providing training to meet the needs of individual staff and the practice.

Are services well-led?

Good 

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

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The partners and management team had reviewed and implemented a new governance policy including clinical care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities

- Practice specific policies were implemented and were available to all staff, such as infection control and medicines management
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- The practice sought and took advice from external professionals or organisations to ensure they improved facilities and safety for patients and staff including a review of the building facilities and environment for patient access.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.