

Care Quality Commission

Inspection Evidence Table

Westside Medical Centre (1-545560121)

Inspection date: 8 May 2018

Date of data download: 04 May 2018

Safe

Safety systems and processes

Source	Y/N
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 13 April 2018 The provider acted on any issues identified: two areas identified for action Detail: Hand dryer in toilet not working A lid for a bin in one of the toilets was missing. Action taken to address these. Roll out of update training continued for all staff.	Yes

Any additional evidence

Risks to patients

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers:	

Safe and appropriate use of medicines

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	n/a
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	
If the practice had controlled drugs on the premises there were systems for the safe	

ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	12
Number of events that required action	3

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
August 17	Scanning of urgent documents process reviewed following incident – audits scheduled to ensure procedure embedded. Feb 18 audit showed compliance with revised process.
Dec 17	Ongoing issue with hospital reporting – GPs complete the online reporting tool to provide feedback when delays have occurred.
Feb 18	Radiology referral could not be actioned for patient but practice not informed.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Details included in the report: <ul style="list-style-type: none"> • Processing • Reviewing • Monitoring 	

Any additional evidence
Evidence provided: protocol Copy of alerts log Copies of minutes to confirm discussion of all alerts including those where no action was required.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
<p>Prioritised safe, high quality and compassionate care.</p> <p>There was a clear leadership structure and staff felt supported by management.</p> <p>The leadership team demonstrated a commitment for change and improvement.</p> <p>Staff told us that the partners and management team were approachable and were always prepared to listen to all members of the staff team.</p>

Vision and strategy

Practice Vision and values
<p>There was a clear vision with formal governance structure to ensure priority areas were highlighted, risks identified and actions planned.</p> <p>Planning for future developments through succession planning and widening of skill base :</p> <ul style="list-style-type: none"> • Two extra clinical rooms had been built in anticipation of increasing patient numbers • An advanced nurse practitioner had been employed. • Changes had been made to the nursing team to provide a clear management structure to strengthen the oversight of the team. • A personal assistant had been appointed to support the practice manager.

- A salaried GP had been appointed to start in May 2018.

Culture

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	Staff said they felt that their contribution to the practice was valued and that they were supported by the partners and management team.
Staff and records.	Staff told us that they felt comfortable with discussing any concerns or issues with colleagues and the management team. Staff said that they were happy to give feedback and that they felt involved and engaged to improve how the practice was run.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staffing	Appointment of PA to support PM

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Records and Staff Interviews	A referral request to Radiology had not been met by the radiology department. The practice provided feedback to the department and to the patient. All clinical staff we spoke to were aware of this incident and the changes made.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff told us that they were confident any concerns they had would be addressed by the practice
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Records and staff	There was a clear staffing structure and staff were aware of their roles and responsibilities. Staff meetings were held regularly. Staff received regular training and updates.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff	The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture.

Examples of actions to improve quality in past 2 years

Area	Impact
Staff and records	Audits were used to monitor quality and performance.

Examples of service developments implemented in past 2 years

Development area	Impact
Succession planning and widening skill base of the practice team.	<ul style="list-style-type: none"> • Two extra clinical rooms had been built in anticipation of increasing patient numbers • An advanced nurse practitioner had been employed. • Changes had been made to the nursing team to provide a clear management structure to strengthen the oversight of the team. • A personal assistant had been appointed to support the practice manager. • A salaried GP had been appointed to start in May 2018.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Complaints about access: They had altered their appointment system and had also provided four additional GP sessions per week.
Practice specific policies	Prescription security protocol Safety alerts
Other examples	
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection control	Audits were routinely carried out and were fully completed.
Prescriptions	Prescriptions were now tracked in the practice.
Uncollected Prescriptions	Process revised to ensure all uncollected prescriptions were seen by a GP before they were destroyed.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes