

Werneth 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 caring?

Good 

Are services well-led?

Good 

Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

Detailed findings from this inspection

Our inspection team

3

Background to Werneth Medical Practice

3

Detailed findings

4

Letter from the Chief Inspector of General Practice

We first carried out an announced comprehensive inspection at Werneth Medical Practice on 13 October 2017. Overall the practice was rated as good. The domain of safe was rated as requires improvement as improvements were required regarding safe care and treatment. The previous inspection report can be found by accessing the 'all reports' link for Werneth Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 27 March 2018. This inspection was to check the areas where the provider must or should make improvements had been actioned. At this inspection we found:

- All the required safety checks were being carried out and comprehensive safety assessments were in place.

- Recruitment processes had been strengthened so all relevant information was available.
- Oxygen masks for children had been purchased.
- Plans were in place to formalise an action plan following the GP patient surveys.
- The cleaning schedule had been updated.
- The practice had taken steps to identify more patients who were carers.

The practice is now rated good in the safe domain.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Werneth Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector carried out this inspection.

Background to Werneth Medical Practice

Werneth Medical Practice is located in a converted house in a residential area of Oldham. There is a small car park at the front of the practice and there is also street parking.

The practice is run by an individual male GP, and there are also two female long term locum GPs. They are supported by a practice nurse, a locum advanced nurse practitioner, a healthcare assistant, and administrative and reception staff. The practice manager has recently left and a new manager was starting work the week following our inspection.

The practice is open from 8am until 7pm on Mondays, Tuesdays and Thursdays, and from 8am until 6.30pm on

Wednesdays and Fridays. GP surgery times are between 9.45am and 12 noon and 2.30pm and 4.30pm. Later practice nurse, advanced nurse practitioner and healthcare assistant appointments are available daily.

The practice has 3060 patients. It has a General Medical Services (GMS) contract and is a member of NHS Oldham clinical commissioning group (CCG).

The practice has an above average number of young patients, particularly in the 0 to 14 and 25 to 34 age range. It has a below average number of patients over the age of 44, and a low number of patients over the age of 65.

Approximately 93% of patients are black and minority ethnic (BME), mainly from a Pakistani or Bangladeshi background.

Life expectancy is 75 for males (below the national average of 79) and 79 for females (below the national average of 83). There are an above average number of patients with a long term condition.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc Ltd, via NHS 111.

Are services safe?

Our findings

We did not inspect the safe domain in full at this inspection. We inspected only those aspects where a breach of regulation had been identified and where improvements should be made.

At our previous inspection on 13 October 2017, we rated the practice as requires improvement for providing safe services as the arrangements for safe care and treatment were not adequate. These were around risk assessments and safety checks. In addition, we identified areas where improvements should be made.

These arrangements had improved when we undertook the follow up inspection on 27 March 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

- At the inspection in October 2017 the practice manager told us they asked about gaps in employment and the reasons for leaving past jobs, but this was not documented in interview notes. At this inspection we saw that a new interview template was in place. Gaps in employment and the reasons for leaving previous jobs were asked about and responses were recorded.
- At the inspection in October 2017 we saw that not all items were included on the cleaning schedule. At this inspection we saw that the cleaning schedule had been updated and all items that required cleaning were included. These included privacy screens and medical equipment such as blood pressure monitors.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- At our previous inspection we saw the nurse's room was unlocked. Emergency medicines were in this room. The vaccine fridge, with the key kept in the lock was also in this room. During this inspection we saw that all rooms were kept locked when they were not in use. This had been discussed with staff following our previous inspection.

Track record on safety

- At the previous inspection we found weed killer was kept in a cleaner's cupboard that was accessible to patients. No Control of Substances Hazardous to Health (COSHH) assessment was in place. At this inspection we saw that a risk assessment had been carried out and the substance had been safely disposed of. COSHH assessments were in place where required.
- At the previous inspection we saw that although some window blinds had been removed cords were still in place that could be dangerous. At this inspection we saw that all cords from window blinds had been removed.
- At the previous inspection we saw that the hazard warning sign required for oxygen was on the inside of a door so not visible. At this inspection we saw this had been repositioned.
- We saw that following the previous inspection the practice had purchased oxygen masks for children.
- At the previous inspection we saw that legionella checks did not take place. At this inspection we saw that a legionella checking protocol had been put in place. The required checks were carried out each month and recorded.
- At the previous inspection we found that no checks were in place for emergency lighting. At this inspection we saw that the fire policy had been amended to include all the required checks. We saw evidence that the emergency lighting was checked monthly.

Are services caring?

Our findings

We did not inspect the caring domain in full at this inspection. We inspected only the aspect where improvement should be made.

At our previous inspection on 13 October 2017, we rated the practice as good for providing caring services. However we identified an area where an improvement should be made around identifying carers.

These arrangements had improved when we undertook the follow up inspection on 27 March 2018. The rating has not changed.

Involvement in decisions about care and treatment

At the previous inspection the practice had identified 24 of their patients as carers. This was under 1% of the practice list. At this inspection we saw that 41 patients had been identified, which was over 1% of the practice list. They had proactively identified carers during their flu vaccination campaign. The practice had a carer's pack detailing support available in the area and information for carers was also available on the website.

Are services well-led?

Good 

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

Our findings

We did not inspect the well-led domain in full at this inspection. We inspected only the aspect where improvement should be made.

At our previous inspection on 13 October 2017, we rated the practice as good for providing well-led services. However we also identified an area where an improvement should be made around patient surveys.

These arrangements had improved when we undertook the follow up inspection on 27 March 2018. The rating has not changed.

Engagement with patients, the public, staff and external partners

At the previous inspection the practice manager told us they had discussed the results of patient surveys but there was no formal action plan to monitor improvements in place. At this inspection the provider told us they had discussed this following the inspection. They had plans in place to discuss and implement an action plan when the results of the next survey were received. They acknowledged that to date action had been informal and the required improvements were documented in staff meeting minutes.