

# Patford House Surgery Partnership

## Inspection report

8a Patford Street  
Calne  
SN11 0EF  
Tel: 08444772564  
[www.patfordhousesurgery.co.uk](http://www.patfordhousesurgery.co.uk)

Date of inspection visit: 23 December 2020, 11  
January 2021, 15 January 2021  
Date of publication: 11/03/2021

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 location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

In light of the current Covid-19, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams spend on site.

In order to seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This practice consented to take part in this pilot and the evidence in the report was gathered without entering the practice premises.

We carried out the remote elements of inspection through the GP focused inspection pilot (GPFIP) on four dates between 18 December 2020 and 15 January 2021. This was in response to intelligence we received from members of the public and staff which suggested an increase in risk to patients at the practice. This information included, being unable to access medical care via the telephone, a poor practice culture and concerns that processes that kept patients safe were not being adhered to.

**We have not rated the practice during this inspection as we did not visit the provider.**

We found that:

- The practice did not have appropriate systems in place for the safe management of medicines.
- Searches undertaken identified high-risk medicines being prescribed where patients had not been monitored in line with guidance.
- Processes were not in place to ensure that medicine alerts were consistently and appropriately acted on.
- Processes for repeat prescribing of medicines were not always effective. We saw prescriptions had been issued where no checks had been made to ensure monitoring had taken place.
- Processes to manage risk were not always effective. For example, there was no consistent oversight to ensure priority tasks were actioned appropriately or for identifying those remaining tasks which still need actioning.
- Coding on the clinical system was not consistent. One outcome of this had been that for some patients; a diagnosis of diabetes not being coded they had not been appropriately referred for targeted intervention and regular screening which placed them at increased risk of potential harm.
- Staff feedback told us processes to improve practice culture were ineffective; staff feedback received included that they felt unsupported and not listened to, and could not raise concerns without fear of retribution. Five members of staff who had left the practice told us that the poor practice culture had led to their resignations.
- Processes and systems to respond and improve patient access via the telephone were ineffective.
- The provider had not ensured that CQC were informed of changes within the partnership, in line with the conditions of their registration.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.

# Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider should make improvements are:

- Take action to review staffing levels and capacity

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Not inspected</b>	
<b>People with long-term conditions</b>	<b>Not inspected</b>	
<b>Families, children and young people</b>	<b>Not inspected</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Not inspected</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Not inspected</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Not inspected</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

## Background to Patford House Surgery Partnership

Patford House Surgery Partnership is located in Calne, Wiltshire. The surgery has good transport links. In April 2019, Beversbrook Medical Centre and Patford House Surgery merged to form Patford House Surgery Partnership. Approximately 17,000 patients are registered with the practice. There are three sites that the partnership is registered to deliver care from:

Patford House Surgery, 8A Patford St, Calne SN11 0EF

Beversbrook Medical Centre, Harrier Cl, Calne SN11 9UT

Sutton Benger Surgery, Chestnut Rd, Sutton Benger, Chippenham SN15 4RP

At the time of this inspection the Patford House site is closed to patients. This is to protect patients during the pandemic as it is an old building, and not able to be made covid safe.

At the Sutton Benger Surgery, dispensing services are provided to registered patients who live more than a mile away from a community pharmacy.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The partnership comprises, two GPs and two managing partners. Salaried GPs are also employed and the practice employs locum GPs when there is a need. In addition the nursing team comprises of advanced nurse practitioners, nurse practitioners, practice nurses and healthcare assistants. Paramedics and pharmacists are also employed to support the practice as well as an administrative team.

When the practice is closed out of hours services are provided by Medvivo which patients can access via NHS111.

Further information about the practice can be obtained through their websites

[www.patfordhousesurgery.co.uk](http://www.patfordhousesurgery.co.uk) and [www.beversbrook.com](http://www.beversbrook.com)

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <p>A lack of effective control measures relating to medicines management to ensure monitoring of patients conditions and their management put patients at potential risk.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p><b>Systems were not effective to consistently deliver a high standard of quality of care to all service users.</b></p> <ul style="list-style-type: none"><li>• There was not an effective system to ensure high risk medicines were prescribed in line with guidance.</li><li>• Medicine alerts were not consistently and appropriately acted upon.</li><li>• There was no consistent oversight of the system of tasks on the clinical system to ensure priority tasks were actioned appropriately or for identifying those remaining tasks which still need actioning.</li><li>• Consistent clinical coding to support delivery of high quality care to all service users was not effective.</li><li>• Poor practice culture did not support sustainable high quality care.</li><li>• Processes and systems to respond and improve patient access were not effective.</li><li>• Processes and systems to ensure compliance with CQC registration were not effective.</li></ul> <p><b>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>