

Orton Bushfield Medical Centre

Inspection 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 summary

We carried out a comprehensive inspection of Orton Bushfield Medical Centre on 9 June 2015. The practice was rated as requires improvement for providing safe and effective services and good for providing responsive, caring and well-led services. As a result of the findings on the day of the inspection the practice was issued with requirement notices for Regulation 9 (Person-centered care) and Regulation 19 (Fit and proper persons employed). A further inspection was completed on 8 March 2016 to follow up on the breaches of regulation. Following this inspection, the practice was rated as good overall and for all key questions.

We carried out a comprehensive inspection of Orton Bushfield Medical Centre on 27 July 2018. The practice was rated as inadequate overall with ratings of inadequate for providing responsive and well led services, requires improvement for safe, effective and for caring services. As a result of the findings on the day of the inspection the practice was issued with a warning notice for Regulation 17 (Good governance). You can read our findings from our last inspections by selecting the 'all reports' link for Orton Bushfield Medical Centre on our website at .

This inspection was an announced focused inspection. 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 as detailed in the warning notices issued on 23 August 2018.

Our inspection report from our inspection on 27 July 2018 is available on our website.

At this inspection we found:

- The system in place in relation to high risk medicines had been improved. We reviewed records of patients taking high risk medicines and found they had all been monitored appropriately.
- The practice had implemented a new appraisal system to ensure they are able to monitor staff performance and to enable staff to provide feedback.

- The practice had implemented a new training matrix to ensure oversight of staff training, where training was found to be overdue, the practice had booked members of staff on relevant courses.
- The practice had obtained copies of building risk assessments relating to fire safety, health and safety and Legionella. The property is managed by NHS Property Services and the practice had arranged a meeting with the landlord to discuss the actions required from the risk assessments.
- We found the practice had implemented monthly clinical and non-clinical meetings, which were all minuted and distributed amongst all staff. The meetings allowed the distribution of learning from significant events and complaints and to allow staff to provide feedback.
- The practice had started to implement a process of responding to staff feedback. The practice had started to respond to feedback on both NHS Choices and Google Reviews, in addition to implementing a number of actions in an attempt to improve patient satisfaction following the National GP Patient Survey.
- The practice had started to implement a new process for recording and handling significant events and complaints. We found the number of significant events and complaints recorded and investigated had improved, although further improvement was required as we were made aware of other significant events and complaints discussed in meetings but not formally recorded.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Orton Bushfield Medical Centre

Orton Bushfield Medical Centre is located in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area and is contracted to provide general medical services to approximately 5,403 registered patients.

The practice has two GP partners who hold overall financial and managerial responsibility for the practice, and a salaried GP. The practice also employs a practice manager and deputy manager, an advanced nurse practitioner, two nurses, a healthcare assistant and a number of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday apart from between 1pm and 1.30pm when the practice closes for lunch. Outside of practice opening hours out of hours care is provided by another health care provider, Herts Urgent Care, via the 111 service.

According to Public Health England information, the patient population has a slightly higher than average number of patients aged 0 to 29 years, and a lower than average number of patients aged 70 to 85 plus years compared to the practice average across England.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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>How the regulation was not being met:</p> <p>The process for recording and handling significant events and complaints was not fully effective. We found that not all events and complaints were recorded and where they were, they were not always appropriately managed.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>