

Trent View Medical Practice

Inspection report

45 Trent View
Keadby
Scunthorpe
DN17 3DR
Tel: 01724788000
www.trentviewmedicalpractice.nhs.uk

Date of inspection visit: 22 May 2023 and 25 May 2023
Date of publication: 31/08/2023

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced focused inspection at Trent View Medical Practice on 22 and 25 May 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement.

Effective - requires improvement.

Caring - not inspected, rating of good carried forward from previous inspection.

Responsive – good.

Well-led –requires improvement.

Following our previous inspection on 25 and 31 August 2022 the practice was rated requires improvement overall and for providing effective and well led services but inadequate for providing safe services and good for caring and responsive services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Trent View Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection.

We carried out this inspection to follow up breaches of regulation from a previous inspection.

How we carried out the inspection.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

Overall summary

The provider had made improvements to keep people safe from harm in the following areas:

- Recruitment processes.
- Standards of cleanliness and hygiene.
- Management of health and safety.
- Management of information to deliver safe care and treatment.
- Medicines management and systems in the dispensaries.
- Systems to learn and make improvements when things went wrong.

However, the provider had not always provided care in a way that kept patients safe and protected them from avoidable harm because:

- Systems practices and processes to keep people safe and safeguarded from abuse were not adequately monitored.
- Systems to monitor patients prescribed high risk medicines were not always effectively implemented.
- Safety alerts were not always acted upon.

The provider had made improvements to provide effective care in the following areas:

- Management of pathology results and documents received from secondary care.
- Access to nurse appointments.
- Staff training.

However, patients had not always received effective care and treatment that met their needs because:

- Patients with long term conditions had not always received effective care and treatment that met their needs.
- Staff training and competency had not been effectively monitored.

The provider had continued to take action to try to improve access by restructuring the service and provide new telephony equipment. Patients could mostly access care and treatment in a timely way.

Whilst the provider had made significant improvements in many areas the way the practice was led and managed did not always promote the delivery of safe, effective, high-quality, person-centred care.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Take action to improve the uptake of cervical screening by patients to achieve the 80% target.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit supported by a member of the CQC pharmacy team and a second CQC inspector. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Trent View Medical Practice

Trent View Medical Practice is located near to Scunthorpe at:

Keadby Surgery

45 Trent View

Keadby

Scunthorpe

DN17 3DR

Telephone: 01724 788000

The practice has 2 branch surgeries at:

Crowle Medical Centre

The Health Centre

Chancery Lane

Crowle

Scunthorpe

DN17 4HN

Telephone: 01724 713920

and

Skippingdale Surgery

Ferry Road West

Scunthorpe

DN15 8EA

Telephone: 01724 748730

Both the Crowle site and Keadby site have a dispensary.

We visited all three sites during the inspection.

The provider is registered with CQC to deliver the Regulated Activities, diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures. These are delivered from all sites. The provider is also registered to provide the regulated activity, slimming clinics, but the provider has informed us this service is no longer provided and an application to remove this is to be submitted as soon as possible.

The practice offers services from all 3 sites and patients can access services at any of the three surgeries.

The practice is situated within the Humber and North Yorkshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 11,300. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth lowest decile (six of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 2% Asian, 97% White, 0.3% Black, 0.6% Mixed, and 0.1% Other. The age distribution of the practice population closely mirrors the local and national averages.

There are 5 GP Partners supported by a team of 3 salaried GPs who provide cover at all practices. The practice has a nursing team including a practice nurse lead, 3 practice nurses, four health care assistants, a phlebotomist, and a trainee nursing associate. They have a dispensary team of one team leader and five dispensers. There is a team of reception/administration staff to provide support across the 3 sites. The practice manager, business support officer and three team leaders provide managerial oversight.

The practice also has a team of pharmacists, a palliative care nurse, physiotherapists and a mental health worker employed via the primary care network, to support the practice.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the local primary care network, via the patients usual practice, where late evening and weekend appointments are available. Out of hours services are provided by calling 111.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:
Maternity and midwifery services	<ul style="list-style-type: none">• The Skippingdale building was not well maintained.
Services in slimming clinics	There was no proper and safe management of medicines. In particular:
Surgical procedures	<ul style="list-style-type: none">• Medicines were not always held securely.• Medication reviews were not always completed when due and were not always effective, and records lacked detail.• Prescriptions had been provided for some medicines after they had reached the limit of approved authorisations and there was no evidence in records that checks had been completed to ensure tests and reviews were up to date.• Medicines safety alerts had not always been actioned.
Treatment of disease, disorder or injury	There was additional evidence that safe care and treatment was not being provided. In particular:
	<ul style="list-style-type: none">• Creatinine clearance calculations for those patients prescribed an anti-coagulant had not always been completed.• Monitoring for patients with chronic kidney disease, hypothyroidism and asthma had not always been completed at the recommended intervals.• Patients with diabetes had not always been identified and provided with care and treatment for their condition.
	This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Services in slimming clinics
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Children at risk records did not always link to those of their parent or guardian.
- Patient records did not clearly identify safeguarding concerns.
- There was a lack of evidence that the practice was regularly reviewing patients on the safeguarding registers.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to securely maintain records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

- Use of blank prescriptions was not monitored effectively.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- Monitoring of training completion was not effective to ensure the training plan was adhered to.
- Dispensary staff and non-clinical prescribers' competency was not monitored effectively.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.