

Cardinal Medical Practice

Inspection report

2 Deben Road

Ipswich

IP1 5EN

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Date of inspection visit: 28 April 2022

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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 location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Cardinal Medical Practice on 28 April 2022.

Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement.

Effective - Requires Improvement.

Caring - Good

Responsive - Requires Improvement.

Well-led - Requires Improvement.

When this service registered with us, it inherited the regulatory history and ratings of its predecessor. This is the first inspection of Cardinal Medical Practice under the registered provider Suffolk Primary Care who became the provider from April 2020. Following our previous inspection, under the previous provider the practice was rated good overall.

Suffolk Primary Care is a partnership of eleven GP surgeries covering a population of 134,000 patient across Suffolk. Cardinal Medical Practice serves 29,727 patients

The full reports for previous inspections can be found by selecting the 'all reports' link for Cardinal Medical practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection as the first inspection under the new provider registration and because risks had been identified through information we had received.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Staff questionnaires.

Overall summary

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.
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall

We found that:

- The practice had been through significant changes including two mergers (one with two other practices and then joining Suffolk Primary Care. All three practices became Cardinal Medical Practice in July 2021.
- In addition to the mergers, the practice due to the closure of a local practice accepted an additional 1500 patients and managed the impact of COVID-19 and the increased pressures the pandemic brought to providing health care.
- These significant changes challenged the practice in terms of consolidating resources and managing across three sites. Cardinal Medical Practice had been successful in gaining the permissions and funding for a new building which should be completed during 2024. Both patients and staff told us this was exciting as the existing premises do not make it easy for providing care, communicating and cohesive teamwork.
- Since the merger and prior to this inspection, the practice worked closely with the CCG with a detailed action plan. There were regular engagement meetings held where the practice, provider, CCG and on occasions the CQC met to review progress and gain assurance against the identified risks and issues.
- The practice generally provided care in a way that kept patients safe and protected them from avoidable harm. Areas of improvement had been made but others were required and some needed further embedding, monitoring and sustaining.
- Patients received effective care and treatment that met their needs. Areas of improvement had been made but some of these needed further embedding, monitoring and sustaining.
- Some test results had not been fully recorded and coded onto patients' medical records to ensure accurate information for future decision making. We found that there was not a clear process to ensure all patient correspondence had been reviewed, acted upon and filed in a timely way.
- Some staff had not received an annual appraisal or review within the past 12 months.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way, but patients reported delays in contacting the practice via the telephone.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care, however they also recognised that despite the improvements they had made, further improvements were required. The provider and the practice were positive they would achieve these, they had an action plan that was regularly reviewed and monitored.

We found a breach of regulations.

The provider **must**:

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

In addition, the provider **should**:

Overall summary

- Continue to encourage patients with learning disability to attend for an annual health review.
- Continue to encourage patients to attend their cervical screening appointments.
- Review the training of staff and where appropriate staff should receive safeguarding level 2 training.
- Continue to review patient feedback and make improvements to patients' satisfaction in accessing the practice in particular via the telephone.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. 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. A nurse advisor (and a CQC inspector who was in a shadowing role) and second CQC inspector undertook site visits.

Background to Cardinal Medical Practice

Cardinal Medical Centre is located in Ipswich at:

2 Deben Road

Ipswich

Suffolk

IP1 5EN

The practice has two branch surgeries at:

Chesterfield Drive

Ipswich

Suffolk

IP1 6DW

And

Norwich road

Ipswich

Suffolk

IP1 4BX

As part of this inspection we visited all sites.

The provider is registered with the CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, treatment of disease disorder or injury, and surgical procedures. These are delivered from all sites.

The provider Suffolk Primary Care consists amongst others of executive partners, medical directors, managing and business partners and have established various governing boards such as clinical governance, finance, and patient experience. At the practice there is a lead GP and general manager.

The practice offers services from the main practice and both branch surgery sites and serves 29,727 patients. Patients can access services at any site.

The practice is situated within the Ipswich and East Suffolk Clinical Commissioning Group (CCG) and delivers Personal Medical Services (**PMS**) to a patient population of about 134,000. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is in the middle decile (two 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 2.5% Asian, 91.7% White, 1.9% Black, 3.4% Mixed, and 0.7% Other. The age distribution of the practice population closely mirrors the local and national averages.

There is a team of five GP partners, and three salaried GPs and a GP registrar. The practice has a team of six advanced nurse practitioners, two nurse practitioners and a minor illness nurse. There are six practice nurses, a physician's associate and six health care assistants. There are two paramedics and two pharmacists. The clinical staff are supported at the practice by a team of care navigators/administration staff. The general manager and assistant practice manager provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally by the practice, where early morning and weekend appointments are available. Out of hours services are provided by Suffolk GP Federation and accessed via the NHS 111 service.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• We found there was no system to ensure blank prescriptions were kept secure and monitored.• We found some emergency medicines and equipment had not been stored to ensure they were easy and safely available in an emergency. We found some medicine which was not within their expiry date.• Their system had not identified a historical safety alert that had not been monitored to ensure all medicines had been prescribed safely.• The system and process to ensure all clinical letters had been seen and actioned by appropriate staff within a timely manner was unclear. This did not give assurance that all appropriate correspondence was seen and actioned by appropriate staff.• Not all staff had received an appropriate appraisal or review within the past 12 months.• The practice did not have a fail-safe system and process in place to ensure all cytology results were received from samples sent.• Not all staff felt included in the investigation and learning shared from significant events and complaints.• Staff had not been made aware of the access to Freedom to Speak UP Guardians <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>