

# Sandy Health Centre Medical Practice

## Inspection report


Sandy Health Centre  
Northcroft  
Sandy  
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Date of inspection visit: 03 Feb 2020  
Date of publication: 17/03/2020

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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

# Overall summary

## **The service is rated as Inadequate overall.**

We carried out an announced comprehensive inspection at Sandy Health Centre Medical Practice on 3 February 2020 following our annual regulatory review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

Our inspection team was led by a CQC inspector and included a GP specialist advisor and practice nurse specialist advisor.

At the last inspection in June 2016 we rated the practice as good overall.

Our judgement of the quality of care at this service is based 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.

## **The practice is rated as Inadequate overall.**

We rated the practice as inadequate for providing safe services because:

- The process for managing medicines that required additional monitoring was lacking and not all blood testing was completed prior to prescribing.
- There was no formal system in place to assess the risk of dispensing acute medicines before the prescription was signed by a clinician. Shortly following the inspection, the practice told us that a formal protocol had been put in place.
- The systems for infection prevention and control were lacking and there was no evidence of cleaning that was completed.
- Patient Specific Directions (PSDs) to authorise non-prescribing clinical staff to administer injections such as flu vaccinations, were not in place. Following the inspection, the practice told us they had reviewed this system.
- The practice could not provide evidence that all staff had completed fire training and did not complete regular fire drills.
- The practice did not hold evidence of recruitment checks, training or revalidation for locum staff.

We rated the practice as requires improvement for providing effective services because:

- Records we looked at showed that not all patients with atrial fibrillation were prescribed anticoagulation and the clinical records did not show a clear rationale for this.
- There was limited oversight of training and the practice could not provide evidence that all staff had completed the mandatory training detailed in the practice policy.
- The competency assessments for nursing staff was lacking and there was no audit of consultation or prescribing of advanced clinical staff.

We rated the practice as requires improvement for providing caring services because:

- Caring indicators within the GP Patient Survey were below local and national averages. The practice was unaware of this and had not created an action plan to address these issues.
- The practice did not hold materials for those with differing communication needs such as those with a learning disability.

We rated the practice as requires improvement for providing responsive services because:

- The GP patient survey scores relating to telephone access were significantly below local and national averages. The practice was unaware of these and had not created an action plan to address this.
- Patients told us it was difficult to access the practice via the telephone and many patients chose to attend the practice in person at 8am or use walk-in clinics.
- Response letters to complaints did not include details of how to escalate concerns to the Parliamentary and Health Service Ombudsman. Following the inspection, the practice told us they had addressed this.

We rated the practice as inadequate for providing well-led services because:

- There was a lack of oversight regarding medicines that required additional monitoring, prescription safety and PSD's.
- The practice was unaware of the GP Patient survey results and did not have an action plan in place to address lower than average indicators.
- The practice was unaware of the higher than average hypnotic prescribing.
- Not all staff had received an appraisal in the last twelve months.

# Overall summary

- There was limited evidence that the practice acted on patient views to shape the service provided.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor and practice nurse specialist advisor.

## Background to Sandy Health Centre Medical Practice

Sandy Health Centre Medical Practice provides a range of primary medical services, including minor surgical procedures, from its location at Sandy Health Centre, Northcroft, Sandy, SG19 1JQ. It is part of the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice serves a population of approximately 7,800 patients. The practice population is 95% white British.

The practice supports a local learning disability home.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of three GP partners (two female and one male). The practice also employs three female senior nurse practitioner / prescribers, two female

practice nurses and two female healthcare assistants. The clinical team also includes a practice-based pharmacist (male) and a paramedic (female). The team is supported by a practice manager and a team of non-clinical, administrative staff.

The practice operates from a purpose built property, that is shared with other services. There is disabled access throughout. There is a large car park outside the surgery, with disabled parking available.

Sandy Health Centre Medical Practice is open from 8am to 6pm on Monday to Friday. The practice is part of an extended access hub offering patients appointments on Saturday mornings and from 6.30pm to 8pm in the evenings. When the practice is closed, out of hours services are can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

#### Regulated activity

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The registered persons 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:**

- The process for managing medicines that required additional monitoring needed strengthening to ensure patients had received the appropriate blood testing prior to prescribing.
- Patients with atrial fibrillation were not consistently prescribed anticoagulation and there was no documented rationale as to why this was not in place.
- Abnormal blood results that may indicate diabetes were not appropriately coded and followed up.
- Hypnotic prescribing was above the local and national averages.
- Acute prescriptions were not consistently signed prior to dispensing and there was no formal risk assessment or protocol in place for this.
- Systems around infection prevention and control were lacking with no evidence of cleaning for the building, non-single use items or fabric chairs.
- There was no audits of consultation or prescribing practices for advanced clinical staff. The nurses competency assessments required strengthening.
- Water temperature checks that were recommended following the legionella risk assessment were not consistently taking place.
- The practice did not hold regular fire drills.
- The practice did not hold relevant recruitment information, including training and revalidation for locum staff.
- Patient Specific Directions to allow staff to give vaccinations were not in place.

This section is primarily information for the provider

## Enforcement actions

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
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 were operating 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:

- There were gaps in the oversight of training and the practice could not provide assurance that all staff had received all mandatory training as directed in the practice policy.
- The PPG did not meet regularly and had limited feedback as to practice initiatives.
- The practice was unaware of the GP patient survey and had not developed an action plan to address indicators that were lower than local and national averages.
- Patient satisfaction related to telephone access was significantly lower than local and national averages and there was no action plan to address this.
- The practice response letters did not include information of how to escalate concerns to the Parliamentary and Health Service Ombudsman.

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