

Adlington Medical Centre

Inspection report

22-24 Babylon Lane
Anderton
Chorley
PR6 9NW
Tel: 01257482076
www.adlingtonmedicalcentre.co.uk

Date of inspection visit: 07 December 2021
Date of publication: 18/02/2022

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?

Inadequate



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 Adlington Medical Centre on 3 and 7 December 2021. Overall, the practice is rated as requires improvement.

The ratings for the key questions are as follows:

Safe - Inadequate

Effective – Requires Improvement

Caring - Good

Responsive - Requires Improvement

Well-led – Requires Improvement

Following our previous inspection on 6 December 2016, the practice was rated Good overall and for all key questions:

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

Why we carried out this inspection;

This inspection was a fully comprehensive inspection due to concerns that were raised to us about this provider.

How we carried out the inspection/review

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 and face to face
- 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
- Interview outside professionals such as care home managers

Our findings

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

- what we found when we inspected

Overall summary

- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall

We found that:

- There were a significant number of issues relating to safety including gaps in relation to medicines management. For example, we confirmed all 22 of the patients whose records we reviewed had not had appropriate monitoring for their medicines or conditions.
- There were concerns with recruitment systems that were in place including where conduct of staff had not been checked from a previous employer, contracts unsigned and DBS checks missing. We found that risk management was not always effective. For example, infection control audits that were in place were not working as intended.
- Systems to govern staffing were not working effectively and performance assurance systems were not working as intended. We saw that the practice had exceeded targets on childhood immunisations but had not yet reached cervical screening targets, given the pressure the sector had been under.
- 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 felt that they could not always access care and treatment in a timely way. The practice had taken action to address this including self-funding a new telephony system; but as this was newly established, they were unable to demonstrate that it had yet been successful.
- There was a disconnect between practice leaders' expectations of day to day operations and the reality of these. We saw that oversight was lacking and silo working in and between teams, leading to gaps.

We saw an area of outstanding practice;

- The provider had set up a Covid-19 Vaccine centre at jubilee House in Preston. They had created a new and separate staff team and had vaccinated 103,000 patients in the last 12 months. NHS Choices feedback for this centre was positive, with 110 comments praising the staff and the systems governing the centre.

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.
- Ensure specified information is available regarding each person employed.

The care quality commission are following its enforcement policy in dealing with the risks identified at this location.

The provider **should**:

- Seek to determine if measures established to address low patient satisfaction were successful.

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 and second 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.

Background to Adlington Medical Centre

Adlington Medical Centre is located in Chorley at:

22-24 Babylon Lane

Anderton

Chorley

Lancashire

PR6 9NW

The practice has a branch surgeries are:

Crosten Medical Centre

Eaves Lane Surgery

Lostock Village Surgery

Medicare Unit Surgery

The organisation also has a second registered location at;

Buckshaw village surgery

Buckshaw Village Health Centre

Unity Place,

Buckshaw Village

Chorley

Lancashire

PR7 7HZ

Patients could access services at all locations within the organisation.

The provider organisation is known locally as NM Health Innovations registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from all sites except for Eaves Lane Surgery, as this is currently closed to the public and Medicare Unit Surgery, which is open two days a week for limited services, such as baby immunisation clinics.

The practice is situated within the Chorley and South Ribble Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) from Adlington Medical Centre and Alternative Provider Medical Services (APMS) from Buckshaw village surgery, to a patient population of about 22000 patients. This is split roughly in half between the two registered locations. This is part of a contract held with NHS England.

The provider forms its own network of GP practices called a Primary Care Network (PCN)

Information published by Public Health England shows that deprivation within two practice population groups is in the second highest decile (eight 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 practices area is 98.7% white and 1.3% Asian.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of seven GPs who provide cover at all sites, three nursing practitioners, seven practice nurses, a physiotherapist, one pharmacist and 5 pharmacy technicians. The GPs are supported at the practice by a team of reception and administration staff. The business manager and practice manager are in place to 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 locations or the branch surgeries.

Extended access is provided locally by the provider, where late evening and weekend appointments are available. Out of hours services are provided by GoToDoc and NHS 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular;</p> <ul style="list-style-type: none">• We found that five members of staff, including two clinical staff members had not had their conduct from a previous employer checked consistently.• We also found that four out of seven staff files we viewed did not have evidence of completed inductions. <p>This was in breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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 health, safety and welfare of service users and others who may be at risk.</p> <ul style="list-style-type: none">• The provider was able to demonstrate only limited infection control measures were in place in relation to general measures. COVID-19 specific measures were in place and had worked well.• Clinical oversight was lacking in relation to test results, monitoring of patients and medicines management, safety alerts and the competency of clinical staff members in their roles and in the completion of delegated tasks.

This section is primarily information for the provider

Requirement notices

- Systems to ensure significant events were used effectively for learning were ineffective.
- Systems to ensure DNACPR and capacity were not effective.
- There was no system in place to ensure the risk of not performing DBS checks in line with guidance was considered.

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