

Elmwood Medical Centre

Inspection report

7 Burlington Road
Buxton
SK17 9AY
Tel: 0129823019

Date of inspection visit: 23 and 26 June 2023
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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced focused inspection at Elmwood Medical Centre on 23 and 26 June 2023. The inspection was to ensure that the issues identified in the warning notices, served on 9 February 2023, for safe care and treatment and good governance had been addressed. This report only covers our findings in relation to the warning notices and is therefore not rated.

Following our previous inspection on 23 – 27 January 2023, the practice was rated inadequate overall and in safe and well-led. It was rated as requires improvement for effective and responsive and good for caring. The practice was placed into special measures.

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

Why we carried out this inspection

We carried out this inspection to review if appropriate action had been taken to address the issues identified in the warning notices.

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.
- CQC staff questionnaires.

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 and other organisations.

We found that:

The issues previously identified in providing **safe** care and treatment had been addressed in part. We found the practice had addressed the following:

- Recruitment policies and processes had been updated appropriately.
- Systems for assuring infection prevention and control were in place.
- Patients prescribed medicines that required monitoring or medicines used in the treatment of their long-term conditions had received effective monitoring.

Overall summary

- Effective medicine reviews had been completed.
- Processes to prevent the accidental turning off of vaccine fridges were in place.
- Systems were in place to ensure the timeliness of the scanning and coding of letters received from secondary care.

However, there was still more work to do in the following areas:

- Systems did not fully support the effective safeguarding of children and vulnerable adults.
- All of the required risk assessments had only in part been completed and had not always been shared with staff.
- A system of clinical supervision and audit was not in place for non-medical prescribers.

The issues previously identified in providing **effective and responsive** care had been addressed:

- Patients with long-term conditions had been reviewed effectively and systems to follow up patients that had not complied with repeat requests were in place.
- Patients who complained to the practice were informed of the Parliamentary and Health Service Ombudsman when they received an acknowledgement of their complaint.

The issues previously identified in providing **well-led** services had been addressed in part: We found the practice had addressed the following:

- The provider was more visible within the practice and most staff felt listened to.
- Governance arrangements and policies were not always up to date, lacked clarity or were not complied with.
- Most staff felt safe to speak out and staff were aware of who the Freedom to Speak Up Guardian.
- Staff morale had improved and where training needs had been identified support had been provided.
- Lead roles had been identified within the practice.
- The business continuity plan had been updated to reflect changes within the practice.
- Systems were in place to ensure statutory notifications were forwarded to the CQC.

However, there was still more work to do in the following areas:

- All of the identified risks identified at our previous inspection had not been fully assessed or mitigated.

We found there had been significant improvement in many areas of the warning notices served on 9 February 2023. However, there remained some areas that had not been addressed.

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.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health 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.

Background to Elmwood Medical Centre

Elmwood Medical Centre is located in Buxton in the Derbyshire High Peak area at:

7 Burlington Road

Buxton

Derbyshire

SK17 9AY

The provider is a partnership registered with the CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury. The provider partnered with GoToDoc Limited (a not for profit private organisation) in April 2020 however, this did not result in the provider having to reregister with CQC.

The practice is situated within the Joined Up Care Derbyshire Integrated Care System (ICS) and delivers Personal Medical Services (PMS) to a patient population of approximately 6,816 people. This is part of a contract held with NHS England.

The practice is part of the High Peak and Buxton Primary Care Network (PCN), a wider network of 8 GP practices that work collaboratively to deliver primary care services.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 7th decile (7 out 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 predominantly white at 97.7% of the registered patients, with estimates of 0.9% Asian, 0.3% Black, 1% mixed and 0.1% other.

The age distribution of the practice population is comparable with local and national averages.

There is a salaried GP and 3 long-term locum GPs, 2 locum advanced nurse practitioners and 2 practice nurses. The clinical staff are supported by 2 operations managers and a team of reception and administrative staff.

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.

Enhanced access is provided locally by High Peak and Buxton PCN, where late evening and weekend appointments are shared across all of the practices within the PCN throughout the week and provided by Derbyshire Health United (DHU) on Fridays and Saturdays. Out of hours services are provided by DHU.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>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:</p> <ul style="list-style-type: none">• Risk assessments had not been completed or shared appropriately with clinical and non-clinical staff to mitigate potential risks when their immunisation status was unknown. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Effective systems for auditing the prescribing of non-medical prescribers and providing clinical supervision were not in place. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• Safeguarding alerts had not always been added to the records of others living in the same household as children with a safeguarding concern or vulnerable adults.• Clinicians did not have direct access to safeguarding lists. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> |

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The registered person had systems or processes in place that 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:

- Policies and procedures were not always updated to reflect required changes. In particular, the policy for supporting non-medical prescribers.
- The policy for following up children who failed to attend appointments in secondary care or children that frequently attended A&E had not been adhered to.

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