

Sunnyhill Healthcare C.I.C

Inspection report

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Overall summary

The service is rated as inadequate overall.

We carried out an announced comprehensive inspection at Sunnyhill Healthcare C.I.C. on 11 September 2019. The overall rating for the practice was inadequate, it was placed into special measures and warning notices were issued. We carried out an announced follow up inspection on 12 December 2019 and found that the practice had made sufficient improvements and was compliant with the warning notices.

The full comprehensive report on the September and December 2019 inspections can be found by selecting the 'all reports' link for Sunnyhill C.I.C. on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Sunnyhill C.I.C. Surgery on 14 October 2020. We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We conducted staff interviews remotely on 13 to 15 October 2020 and carried out a site visit on 14 October 2020

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.

(previously rated as inadequate in September 2019)

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

- The process to manage medicines that required additional monitoring was ineffective. Clinical records we looked at showed that patients did not consistently have blood testing prior to being issued a prescription.
- The practice did not have an effective system in place to follow up patients with abnormal blood results that may indicate diabetes.
- The documentation of annual medicine reviews was lacking. Clinical records we looked at did not detail how reviews were conducted or any conversations with patients or carers.

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

- Patients with long-term conditions were reviewed as appropriate. However, the practice had only reviewed four of the 14 patients on the register for people with a learning disability in the last 12 months. The practice told us that this was due to the COVID-19 pandemic. Following the inspection, the practice told us that these reviews would be conducted remotely where possible.
- The practice did not have an effective system in place to follow up patients with abnormal blood results that may indicate diabetes.
- The practice liaised with community teams however, this had diminished due to the COVID-19 pandemic.
- The practice had completed two-cycle audits regarding prescribing practices however, some of these did not show improvements.
- Staff were supported to through annual appraisals however, not all staff had completed mandatory training, as determined by the practice, when this evidence was submitted. All mandatory training had been completed by the time of the site visit however, not all staff had received dementia training.

Overall summary

We rated the practice as good for providing caring service because:

- Results from the National GP Survey were in line with local and national guidance.
- Patients told us they were treated with care and compassion.
- The practice had identified 1% of their practice population as carers. However, only 50% of carers had received a review in the last 12 months. The practice told us this was due the COVID-19 pandemic.

We rated the practice as good for providing responsive service because:

- Results from the National GP Survey were in line with local and national guidance.
- Patients told us they were able to access the practice for appointments and via the telephone.
- Complaints were managed in a timely way and analysed for themes to improve practice.

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

- The practice business plan required strengthening and did not have an associated action plan.
- Some risks to patients were appropriately managed with risk assessments conducted for health and safety and fire safety. However, clinical risks regarding medicines management had not been identified or managed.
- Clinical systems for ensuring required blood testing was completed and abnormal blood results were followed up was lacking.
- Medicine reviews were not adequately documented and did not include evidence of discussion with patients or carers.
- Staff told us they were proud to work at the practice. They told us they received support and guidance from management teams and were confident to raise concerns and suggestions.

The areas where the provider **should** make improvements are:

- Continue to identify and support members of the practice population that are carers.

The areas where the provider **must** make improvements are:

- 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.

This service was placed in special measures in December 2019. Some improvements have been made, however, insufficient improvements have been made in some areas. Therefore, the service will remain in special measures for a further six months. 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 six months, and if there is not enough improvement we will act in line with our enforcement procedures to begin the process of preventing the provider from operating the service.

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

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

Our inspection team

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

Background to Sunnyhill Healthcare C.I.C

Sunnyhill Healthcare Community Interest Company (CIC), also known as Arlesey Medical Centre, provides a range of primary medical services, including minor surgical procedures, from its location at High Street, Arlesey, SG15 6SN. It is part of the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice holds an Alternative Provider Medical Services (APMS) contract, this is a locally agreed contract with clinical commissioning groups and GP practices.

The practice serves a population of approximately 4,600 patients. The practice population is 94% white British.

The practice supports a local care home. The practice is part of the Ivel Valley Primary Care Network with three other practices in the locality. They work together to provide services for the population of Ivel Valley.

Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to 10. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of one lead GP (male). A further salaried GP (male) is due to commence work at the practice in two weeks. The practice also uses regular locum GPs. The practice also employs a locum male advanced nurse practitioner, a female nurse practitioner / prescriber and a female practice nurse. The team is supported by a practice manager and a team of non-clinical, administrative staff.

The practice operates from a single storey property that is leased from the local authority. The medical centre utilises part of this building and other areas are used by the local library, community centre and village hall. Patient toilet facilities are shared with these services. There is disabled access throughout. There is a car park outside the surgery, with disabled parking available.

Sunnyhill Healthcare CIC is open from 7am to 6.30pm on Monday and Friday, 8am to 6.30pm on Tuesday and Thursday and 7.30am to 6.30pm on Wednesday. When the practice is closed, out of hours services can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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> <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 the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The practice business plan required strengthening and there was no action plan in place to monitor service improvements.• There was no succession plan in place.• There were gaps in staff training that had not been managed until highlighted through the inspection. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</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">• The system for checking the monitoring of medicines that required regular review was not effective. Blood results for patients being prescribed medicines that required additional monitoring were not checked prior to prescribing.• The system to act on abnormal blood results that may indicate diabetes required strengthening.• Annual medicine reviews were not clearly documented. There was no evidence of conversations with patients or carers during these reviews. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>