

Welland Medical Practice

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Requires improvement



Overall summary

We carried out a comprehensive inspection of Welland Medical Practice on 29 November 2018. The practice was rated as inadequate for providing safe, effective, responsive and well led services, and rated as requires improvement for caring services. As a result of the findings on the day of the inspection the practice was issued with a warning notice for regulation 12 (Safe care and treatment) and a requirement notice for Regulation 17 (Good governance).

The practice was previously inspected in April 2016 and rated as good overall and for providing effective, caring, responsive and well led services and rated as requires improvement for providing safe services. We undertook a desk top review of the safe domain in September 2016 and rated the practice as good for providing safe services.

You can read our findings from our last inspections by selecting the 'all reports' link for Welland Medical practice on our website at www.cqc.org.uk.

This inspection on 25 June 2019 was an announced comprehensive inspection. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

At this inspection we found:

- Improvements had been made since our last inspection, however some of these needed to be fully implemented, further improved, embedded and monitored to ensure they were sustainable to ensure patients received safe and effective care.
- There had been significant staff changes within the practice and new staff had been employed including two practice nurses, and advance nurse practitioner and practice manager. A pharmacist was awaiting the completion of their pre-employment checks before commencing work within the practice.
- The GP lead and staff told us there had been an increase in the morale and leadership and they were proud of the improvements made so far but recognised there was still improvements to make.
- The practice had support from the CCG and the Royal College of General Practitioners to ensure effective and detailed action plans to drive and sustain the improvements required.
- The practice operated from premises that no longer met the needs of the local population. The practice was actively working with the Clinical Commissioning Group

to ensure that new premises being built nearby were completed; however, there were delays in this project and the practice had not been able to move in April 2019 as planned, a provisional date for September 2019 was in place.

- Patients were supported, treated with dignity and respect and were involved as partners in their care.

At this inspection we have rated the provider as requires improvement for providing safe services because:

- Some improvements had been made, for example to the management of emergency medicines and the practice had undertaken regular checks on health and safety issues. However, we found that some further improvements, implementation and embedding of new systems were still required as:
- Not all safety alerts were acted upon and monitored.
- Further improvements were needed to the recruitment procedures to ensure only fit and proper persons are employed. Not all the specified information was available regarding each person employed.
- Staff induction records did not contain sufficient details to give assurance that staff had been assessed as competent to undertake their role and responsibility.
- On the day of the inspection the practice was not able to evidence that all staff had received appropriate safeguarding training.
- The system used to monitor repeat medicines was consistent and recorded to allow easy monitoring.

We rated the practice as good for providing effective services for all population groups except those whose circumstances made them vulnerable because;

- The practice had made improvements to the management and effectiveness of the care and treatment to patients. Although the practice had improved the number of annual reviews undertaken for this group of patients since our last inspection, only 42% of patients with a learning disability had received a comprehensive annual review. The practice had sent invites to other patients and were encouraging uptake of these appointments.

We rated the practice as requires improvement for providing caring services.

- At our previous inspection published January 2019 we rated the practice as requires improvement for providing caring services because generally, feedback

Overall summary

from patients showed that staff did not always treat patients with kindness, respect and compassion. There is insufficient evidence to show the practice has made necessary improvements within the practice to improve patient satisfaction. Therefore, caring is still rated as requires improvement.

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

- Data from the 2018 GP Patient Survey showed patients satisfaction regarding access to the practice was low. Some comments on NHS choices and on the comment cards we received reported negative experiences. Since our last inspection, the practice had made some changes but had not assessed the impact of this.

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

- The provider had improved some systems and processes to ensure care and treatment was provided in a safe way to patients. However, some of these improvements needed to be fully implemented, embedded and monitored to ensure improvements were sustained.

The areas where the provider must make improvements are:

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

The areas where the provider should make improvements are:

- Review and improve the system to ensure patients who have a learning disability receive appropriate and timely review.

- Review and improve the system to identify carers to ensure they receive appropriate support.
- Review and monitor patient feedback to ensure patients receive timely access to GPs and nurses.
- Implement further systems to encourage patients to partake in the national cancer screening programme including breast and bowel cancer screening.

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

This service will remain 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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Welland Medical Practice

The name of the registered provider is Welland Medical Practice.

The address of the location is 144 Eye Road Peterborough Cambridgeshire PE1 4SG.

As part of the mobilisation plan to move into the new premises of Nightingale Medical centre and agreed with the CCG the practice had closed the branch site at Church walk. Patients could be seen at Welland Eye Road site or at a nearby site of Parnwell Medical Centre, this centre is run by the same lead GPs as Welland Medical Centre.

The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Welland Medical practice provides services to approximately 3,900 patients.

The practice has four GP partners (two female and two male) and one female salaried GP. There is a management team including an assistant practice manager. There is a practice manager in post and the partners retain the responsibility of the management and oversight of the practice. The practice employs one female nurse practitioner, two practice nurses and one health care assistant. Other staff includes administration and reception staff.

The practice holds a General Medical Services contract with NHS England.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments can be booked in advance and the practice was part of a local scheme to offer appointments in the evening and on weekend mornings. Urgent appointments are available for people that need them. Online appointments are available to book in advance.

When the practice is closed patients are automatically diverted to the GP out of hours service provided by Herts Urgent Care. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a larger number of patients aged 0 to 65 years old compared with the national average. It has a lower number of patients aged 65 and over compared to the national average.

Income deprivation affecting children is 30%, which is higher than the CCG average of 13% and the national average of 20%. Income deprivation affecting older people is 28%, which is higher than the CCG average of 14% and lower than the national average of 20%. Life

expectancy for patients at the practice is 77 years for males and 82 years for females; this is comparable to the CCG and England expectancy which is 80 years for males and 83 years for females.

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 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• The system in place did not ensure all safety alerts were managed consistently to ensure they were all acted upon and monitored.• The practice did not demonstrate they had all the information available to ensure staff were safely employed.• The induction records for staff induction records lacked detail to give assurance that they had been assessed as competent to undertake their role and responsibility.• The system used to monitor repeat medicines was not consistent or recorded to allow easy monitoring.