

# 3Well Ltd - Botolph Bridge

## Quality 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

This was the third inspection that we had carried out at 3Well Ltd – Botolph Bridge.

On 7 May 2015, we carried out a comprehensive inspection of 3Well Ltd - Botolph Bridge. The practice was rated as good overall and rated as good for providing safe, caring, responsive and well led services and requires

improvement for effective services. As a result of the findings on the day of the inspection the practice was issued with requirement notices for regulation 17 (Good Governance).

On 10 June 2016, we carried out a comprehensive inspection. This inspection was responsive to concerns raised by members of the public and to check if the practice had made the changes identified in May 2015.

# Summary of findings

The practice was rated inadequate overall and for providing safe, effective, and well led services and requires improvement for providing responsive and caring services.

At our June 2016 inspection we found that some of the improvements needed as identified in the report of May 2015 had been made, however, some of these needed to be improved further. Patients were at risk of harm because systems and processes were not in place to keep them safe. The systems and processes in place to ensure good governance were ineffective and did not enable the provider to assess and monitor the quality of the services and identify, assess and mitigate against risks to people using services and others. As a result of the findings on the day of the inspection the practice was issued with warning notices for regulation 12 (Safe care and Treatment) and requirement notices for regulation 17. The practice was placed into special measures for six months.

On the 19 August 2016, we conducted a focused inspection to ensure that the practice had made the required improvements detailed in the warning notice that had been issued on 8 August 2016 following our inspection of 10 June 2016.

This report covers our findings in relation to our focused inspection. You can read our findings from our last inspections by selecting the 'all reports' link for 3Well Ltd Botolph Bridge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Following our focused inspection (19 August 2016) we took urgent action to suspend 3Well Ltd Botolph Bridge from providing general medical services at 3Well Ltd Botolph Bridge.

Our key findings in our inspection of 19 August 2016 across all the areas we inspected were as follows:

- We found during our inspection of 10 June 2016 that the practice was operating a new model of care which we were concerned placed patients at risk of harm. Following our inspection NHS England

suspended this pilot. The practice had engaged additional locum GPs to increase clinical capacity and a nurse with specialist skills such as independent prescribing.

- During our inspection 10 June 2016, we found that there were delays in the practice managing some pathology and x-ray results in a timely manner and had resulted in sub optimal care. At this inspection we found that improvements had been made but these were insufficient for us to be assured that patients were not at risk of harm.
- During our inspection of 10 June 2016, patients reported that they had not been able to access the GP practice within a reasonable timeframe due to long delays in the telephones being answered. Patients also stated that due to a lack of GPs, they did not always receive good continuity of care with the GP of their choice. At this inspection we found that the practice had ensured that the telephones were answered promptly and additional staff were supporting the reception team to achieve this. The patients did not report any improvements in continuity of care.
- During this inspection, 19 August 2016, we identified a new concern. The practice had employed a new member of staff to undertake medicine reviews; they had been in post since July 2016. We found that the practice had not put a governance framework, practice policy, and procedure in place to ensure that patients were kept safe. This put patients at risk of harm.

This service was placed in special measures in June 2016. Insufficient improvements had been made and further risks had been identified in our inspection 19 August 2016.

Following our focused inspection (19 August 2016) we took urgent action to suspend 3Well Ltd Botolph Bridge from providing general medical services at 3Well Ltd Botolph Bridge.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

We reviewed the urgent actions taken by the practice in response to the warning notices issued to them following our inspection on 10 June 2016. We found that improvements had been made but these were not sufficient to ensure that the practice provided safe services.

### **Are services well-led?**

We reviewed the urgent actions taken by the practice in response to the warning notices issued to them following our inspection on 10 June 2016. We found that improvements had been made but these were not sufficient to demonstrate that the practice was well-led.

# 3Well Ltd - Botolph Bridge

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, GP specialist adviser and a practice nurse specialist adviser.

## Background to 3Well Ltd - Botolph Bridge

Botolph Bridge Surgery in Woodston, Peterborough holds an Alternative Medical Provider Service (APMS) and provides healthcare services primarily to patients living in Woodston and the surrounding area. The surgery is located in a fit for purpose building and serves a population of approximately 6950 patients. The building is shared with other health services that serve the community. The principle GP is the registered manager, and is supported by locum GPs. The practice employs practice nurses, healthcare assistants (HCA), and a phlebotomist.

A pharmacist technician is employed by the practice to support the GP with medicines management. The practice manager, assistant practice manager and a team of reception/administration/secretarial staff support the clinical team.

The practice operates a system where all calls and email consultation requests are triaged. GP appointments are booked as clinically indicated.

The practice website is no longer available, but the website for on line consultation is available.

We previously inspected this practice on two other occasions. On 7 May 2015 we found that the practice required improvement for effective services but good

overall. On 10 June 2016 the practice was rated inadequate for safe, effective, and well led services and rated requires improvement for caring and responsive services. The practice was placed into special measures for six months.

## Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was carried out because at the 10 June 2016 inspection the service was identified as being in breach of the legal requirements and regulations associated with the Health & Social Care Act 2008.

Specifically breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Our concerns led us to serve warning notices for breaches of Regulation 12 (Safe care and treatment) and Requirement notices for breaches of Regulation 17 (Good Governance).

At the 10 June 2016 inspection we found areas where the provider must make improvements:

- Ensure there are effective systems designed to identify, assess and mitigate against risk, for example in respect of piloting a model of care that is reliant on non-clinical staff assisting the GP to manage patient encounters. The practice must ensure that related risk assessments are undertaken in sufficient depth and a comprehensive record is kept of these.
- Ensure that there are sufficient numbers of suitably qualified, competent, skilled, and experienced persons to meet the care and treatment needs of patients in a safe way.

# Detailed findings

- Ensure that clinically trained and registered staff review all radiology and pathology results in a timely manner.
- Ensure that there are effective systems in place to assess and monitor the quality of the service being provided, for example by ensuring audits are undertaken to manage the performance of staff, including those relating to hospital letters, coding of medical records and medical summaries.
- Ensure that only staff with appropriate qualifications and registration give clinical advice and guidance to patients and add/make changes to patients' medicines.
- Ensure that all staff are trained appropriately to their role and that training records are kept.
- Take proactive steps to ensure patients receive safe care and treatment by reviewing Quality and Outcome Framework (QOF) exception reporting. The practice must ensure they mitigate the risks to ensure patients' health and wellbeing.
- Embed an open culture to report all incidents of identified sub optimal care to ensure that patients are kept safe and learning is shared to encourage improvement.
- Ensure that role specific inductions are consistent and offer staff the support that they require.

This inspection 19 August 2016 was carried out to check the provider had made sufficient improvements to the issues detailed in the warning notice served on 8 August 2016 following the inspection on 10 June 2016 or to see if further enforcement action was necessary. We will inspect the practice once the special measure period expires to check that all the improvements have been made.

## How we carried out this inspection

Before visiting, we reviewed the issues found at the 10 June 2016 inspection and the warning notices served 8 August 2016. We also reviewed the information supplied by the provider as evidence of the actions taken to address those issues. We carried out an announced visit on 19 August 2016.

During our visit we spoke with reception and administration staff, nurses, health care assistants, the practice manager, locum GP and the principal GP. We spoke with patients who used the service. We viewed medical records, policies, procedures, and recruitment files.

Our inspection focused on the safe and well led domains.

# Are services safe?

## Our findings

At the 10 June 2016 inspection we found the following areas of concern and a warning notice for Regulation 12 was served. This inspection was focused on these concerns:

- We were concerned that patients were at risk as the practice was piloting a new model care without sufficient governance in place.
- We found that the practice had not managed pathology and X-ray results timely. A back log of results that had not been reviewed or acted upon had led to sub optimal care. We were also concerned that the staff member to whom this work had been delegated to was not appropriately qualified, trained, or competent. The policy and procedure we reviewed was not clear and we were concerned that patients were at risk of harm.
- We spoke with patients and reviewed the comment cards completed, along with the concerns that we had previously received. Patients told us that they encountered significantly long waits for the telephones to be answered and because of the lack of GPs available they did not have continuity of care.

At our inspection of 19 August 2016 we confirmed that following the request from NHS England that the practice cease to operate the new model of care pilot; the practice had taken action and were no longer operating this model. We noted that clinical capacity had been increased by the use of GP locums and the employment of a nurse with specialist skills, such as an independent prescriber qualification.

At our inspection 19 August 2016, we reviewed the pathology inbox within the computer system and saw that there was no longer a backlog of results. However, the

policy for managing pathology results that the principal GP showed us was not clear. We were not assured that it was safe, robust and would ensure that patients received timely and appropriate care to their changing needs.

When requested, the practice was unable to show us the recruitment file for the staff member to whom pathology work was delegated. The practice was unable to demonstrate that this staff member had been safely recruited, was appropriately trained, qualified, or competent to undertake this work. The practice had failed to ensure that they maintained securely the records of staff employed.

The improvement made to the management of pathology and radiology results was insufficient for us to be assured that patients were not at risk of harm.

At our inspection of 19 August 2016, patients and staff reported that the telephones were answered more promptly. Practice staff told us that as the pilot model of care had been stopped they supported the reception team with ensuring that the telephones were answered promptly.

At our inspection of 19 August 2016, we identified a further area of concern that we considered put patients at risk of harm. In July 2016, the practice had employed a new staff member to undertake medicines reviews for patients. The practice was unable to demonstrate that they had a robust policy and procedure in place to ensure that this staff member re-authorised medicines appropriately, safely and within their scope of practice. We were concerned that patients were at risk. We reviewed the medical records of a patient who was experiencing poor mental health. This patient had not seen a clinician or received a mental health review in the previous 12 months, yet the staff member re-authorised their medicines for a further 12 months. Medicines such as these should not be re-authorised without a review carried out by an appropriately qualified clinician.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

During our inspections of 7 May 2015, and 10 June 2016 we found evidence that there were inadequate systems or processes in place to ensure that care and treatment was provided to patients in a safe way. We had found evidence that the governance framework was not sufficiently robust to keep patients safe.

In our inspection, 19 August 2016 the practice was unable to demonstrate that they had made sufficient improvements to drive the changes necessary for the practice to meet the requirements of Regulation 12 (safe care and treatment) and so keep patients safe.

Since our last inspection on 10 June 2016, the practice had employed a new member of staff to support medicines reviews for patients. The practice had not ensured that the staff member providing the care or treatment to patients had received training, was competent, and had the skills

and experience to do so safely. The practice had failed to implement policies and procedures to ensure that patients' medicines were managed safely. The practice had failed to implement robust policies and procedures to give assurance that pathology and x-ray results were managed safely. They were unable to demonstrate that the staff member, who dealt with pathology and x-ray results had been safely recruited, was trained, qualified, and competent to undertake the work undertaken.

The issues identified indicated that the practice did not have safe and effective systems, processes, and governance arrangements to protect patients. The practice did not reassure us that the practice had an effective leadership structure and management capability to facilitate necessary change. Furthermore the practice's leadership team was not underpinned by safe and effective systems, processes, and governance arrangements designed to protect patients.