

Lakeside Healthcare at Stamford

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?

Inadequate



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced follow-up inspection at Lakeside Healthcare at Stamford on 1 September 2021 to review compliance with the conditions imposed on their registration under Section 31 of the Health and Social Care Act and two warning notices which were served at our previous inspection on 7th and 8th June 2021.

In June 2021, the practice was rated as inadequate overall and also in the key questions of safe, effective, responsive, well-led and all the six population groups. Caring was rated as requires improvement.

This follow-up inspection on 1st September 2021 was to review compliance with the conditions and two warning notices which had to be met by 31 July 2021 but the inspection was not rated. The ratings from June 2021 therefore still apply and will be reviewed at a further inspection to take place within six months of the original inspection date.

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

Why we carried out this inspection

This inspection was a review of information undertaking a site visit inspection to follow up on:

Compliance with conditions issued in respect of breaches of regulation 12 (safe care and treatment) and two warning notices for regulation 17 (good governance); and regulation 18 (staffing).

How we carried out the inspection

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 interviews using video conferencing.
- Undertaking remote access to the practice's patient records system to identify issues and clarify actions taken by the provider and to discuss findings.
- Requesting evidence from the provider to be submitted electronically
- A site visit.

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 and
- information from the provider, patients, the public and other organisations.

We have not rated this practice as the rating remains unchanged until we have completed a further inspection incorporating all relevant key questions.

Overall summary

However, we found that:

Actions had been taken to address the areas of concern set out in the conditions for Regulation 12, safe care and treatment.

Actions had been taken to address some of the areas of the breaches identified in the warning notices and it was evident that a significant amount of work had taken place and improvements had been made. However, some issues were still found and some required actions were ongoing and were not yet fully completed or embedded. These related to the warning notices for regulation 17(good governance) and regulation 18(staffing).

We found two continued breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, supervision and appraisal necessary to enable them to carry out the duties.

In addition, the provider **should**:

- Develop the practice website to include more information on local services and practice updates.
- Improve visibility and communication between the central support function personnel in Corby Northamptonshire and the practice team.
- Review local management arrangements to ensure appropriate roles are in place.
- Continue to develop staff engagement processes, and improve responses to patient feedback to enhance service user experience.

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

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, with support from two further CQC inspectors, who spoke with staff using video conferencing facilities and also undertook a site visit on 1 September 2021. 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 Lakeside Healthcare at Stamford

Lakeside Healthcare at Stamford was created in 2017 following the merger of St Mary's Medical Centre, Sheepmarket Surgery and The Little Surgery. The practice now operates from two sites, following the closure of The Little Surgery:

Main site:

Sheepmarket Surgery

Ryhall Road

Stamford

Lincolnshire

PE9 1YA.

The practice has a branch surgery at:

St Mary's Medical Centre

Wharf Road

Stamford

Lincolnshire

PE9 2DH.

The practice offers services from both the main practice and a branch surgery. Patients can access services at either surgery. The service has an onsite dispensary situated at both sites. Both the main and branch sites were visited as part of this inspection.

The practice dispensed medicines to those patients who lived more than 1.6km from a pharmacy in line with national guidance. This amounted to approximately 8,300 patients, or approximately one quarter of the registered patient list.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice is situated within the NHS Lincolnshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of just under 31,000 patients. This is part of a contract held with NHS England.

The practice is one of eight locations of Lakeside Healthcare Partnership, a partnership of GPs and others which provides primary medical services to approximately 170,000 patients across Northamptonshire, Lincolnshire and Cambridgeshire. The organisation's central support function is situated in Corby, Northamptonshire.

The practice is part of a Four Counties Primary Care Network with another of the provider's CQC registered locations at Lakeside Healthcare at Bourne.

Information published by Public Health England report deprivation within the practice population group as nine on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The average life expectancy of the practice population is higher than the national average for both males and females (81.4 years for males, compared to the national average of 79 years and 85.5 years for females compared to the national average of 83 years).

The National General Practice Profile states that the majority of registered patients are white with approximately 1.2% Asian, and 1.5% other non-white ethnic groups.

The age distribution of the practice population closely mirrors the local averages. There are slightly more female patients registered at the practice compare to males.

There is a team of 13 GPs who provide cover at both the main and branch sites, eight of whom are partners and five are salaried GPs. The practice has a lead nurse, one advanced nurse practitioner (ANP), one nurse practitioner, eight practice nurses and four healthcare assistants. The GPs are supported at the practice by a team of reception/administration and dispensary staff. The practice had a newly appointed has a vacancy for a practice manager, and had recently appointed a Hub Manager who would take up the post shortly after our inspection. The practice was also in the process of recruiting an Operations and Compliance Manager.

Lakeside Healthcare at Stamford is a training practice for fully qualified doctors (registrars) who wish to pursue a career in general practice. These doctors work at the practice for up to one year and help to foster a learning environment. The practice also participates in the training of medical students from the University of Cambridge School of Clinical Medicine. These students are in the earlier stages of their medical training and attended the practice in different years of their study.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, a number of GP appointments are currently telephone consultations. If the GP or ANP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery. Other consultation methods such as video calls and advice via email are offered. We observed that the practice was offering more face to face consultations.

Extended access is provided locally in Stamford, Bourne and Market Deeping where late evening and weekend appointments are available.

Lincolnshire Community Health Services NHS Trust offers urgent medical care outside of normal GP hours, during evenings, weekends and bank holidays. These services are accessed by calling NHS 111.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.
Maternity and midwifery services	This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Surgical procedures	
Treatment of disease, disorder or injury	

Enforcement actions

Action we have told the provider to take

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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 systems and processes that enable the registered person to evaluate and improve the practice in respect of the processing of the information obtained through the governance process was not fully embedded or effective. In particular:</p> <ul style="list-style-type: none">• Systems and processes to identify where quality and/or safety are being compromised and to respond and mitigate risks where appropriate and without delay.• Information should be up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. When required, results should be escalated and appropriate action taken. In particular, staffing within the dispensaries,• Clinical leadership and governance of the dispensary was not effective. <p>We were not assured that the staffing within the dispensary was within acceptable limits for the numbers of items dispensed over the two dispensaries. After the inspection we received conflicting information about how many items the practice dispensed.</p> <ul style="list-style-type: none">• Dispensary staff were not aware of reporting near misses on the RADAR system and there was not a standard operating procedure to show them this process.• We found that the dispensary and rooms at St Marys Medical Centre were not secure at all times. <p>There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>

Enforcement actions

- We were not assured that the system in place to record significant events and near misses was working effectively. Learning from significant events and complaints was not evident.
- Backlogs of notes summarisations and incoming correspondence, were observed on the day of the inspection.

There was additional evidence of poor governance. In particular:

- From a random selection of patient records reviewed in our remote searches we found that some patient care plans had not been updated for over a year.
- Staff and patient feedback were not being used to influence service review and development.
- Incorrect information was provided to CQC.

This was in breach of Regulation 17(1) (2) (a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.