

Wensum Valley Medical Practice West Earlham Health Centre

Inspection report

West Earlham Health Centre
West Earlham
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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

We carried out an announced inspection at Wensum Valley Medical Practice, West Earlham Health Centre on 1 March 2022. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective – Requires Improvement

Caring - Good

Responsive - Good

Well-led – Inadequate

Why we carried out this inspection

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Norfolk and Waveney. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

During our inspection we identified issues relating to safe, effective and well-led services. Therefore, this inspection involved a comprehensive review of information with a short site visit.

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 staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting and reviewing evidence and information from the service
- A short 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 service, patients, the public and other organisations.

Overall summary

We have rated this practice as Inadequate overall

We found that:

- The practice was based in a deprived area with high levels of deprivation and patient groups with complex care needs. There was a high level of safeguarding referral and engagement, with evidence of safe and effective safeguarding systems in place to support this.
- However, there was a lack of clinical oversight in areas which impacted on other areas of safe and effective patient care. There were gaps across the practice systems and processes to support safe use of medicines, managing test results and for managing medicines safety alerts.
- The practice did not have an effective system in place to learn and make improvements when things went wrong.
- The governance and lines of accountability within the practice were not always clear. There were gaps in governance and management of risk across some systems and processes.
- Verified and published data as well as unverified practice data provided during our inspection, highlighted that their cervical screening uptake remained below National target rates.
- During the inspection the practice was able to demonstrate that they had made some efforts to improve their prescribing rates for hypnotic and psychotropic medicines as well as the uptake of certain childhood immunisations.
- Staff understood the complexities of their practice population, we saw examples of a caring approach towards patients.
- The practice could directly refer patients into their wellbeing service and to a mental health nurse practitioner, physiotherapist and social prescriber who were available on site, one day a week.
- There was a lack of evidence to demonstrate active patient, public and staff engagement, and some evidence indicated a closed culture at times with low morale across staffing areas.
- The provider could not demonstrate a clear practice vision.

We found a breach of regulations. 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.

Additionally, the provider **should**:

- Build on efforts to encourage attendance at cervical screening appointments, exploring ways of effectively engaging the practice population.
- Continue to monitor and improve hypnotic and psychotropic medicine prescribing rates.
- Strengthen systems for recording and reflecting on positive outcomes following quality improvement initiatives and clinical audits.
- Consider adapting to the easing of restrictions in line with national guidance, reducing potential barriers to access for all population groups.

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

I am placing this service 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.

Overall summary

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.

We are considering enforcement action against this provider for a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12(1) Safe care and treatment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities. A short site visit to the main practice site at West Earlham Health Centre was carried out by an additional CQC inspector and CQC's Head of GP and Integrated Care Inspection, Midlands Region. The team included a GP specialist advisor who spoke with staff using video conferencing facilities, they also completed clinical searches and record reviews without visiting the location.

Background to Wensum Valley Medical Practice West Earlham Health Centre

Wensum Valley Medical Practice is situated in a purpose-built health centre, also known as West Earlham Health Centre, in the West Earlham area of Norwich, Norfolk. The practice has two branch sites at Adelaide Street Health Centre and Bates Green Health Centre, we visited West Earlham Health Centre as part of our inspection and did not visit the two branch sites.

Information published by Public Health England shows that deprivation within the practice population group is in the second decile (two of 10) with one being most deprived and 10 being least deprived.

Approximately 12,650 patients are registered with the practice and the practice's patients are mostly within working-age. According to the latest available data, the ethnic make-up of the practice area is 2.4% mixed, 2% Black, 4.4% Asian 90.6% White and 0.7% Other.

Inspection evidence and information highlighted that a proportion of patients on the practice's registered list included vulnerable patients, some of which did not speak English as a first language, we noted high levels of active safeguarding referral and engagement, as well as patients with complex care needs including homeless patients, asylum seekers and refugees.

The practice has a partnership of two GPs. One of the GP partners is the provider's CQC Registered Manager. A registered manager is the person appointed by the provider to manage the regulated activities. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

In addition to the GP partners there are four salaried GPs and three long term locum GPs employed at the practice. The GP team consists of male and female GPs and mostly part-time, with one GP (partner) that is full time.

The clinical team includes six nurses (male and female) consisting of full and part time roles and there are two Advanced Nurse Practitioners within the nursing team. There is also a Locum Paramedic, a full time Healthcare Assistant and two Phlebotomists at the practice.

In addition, patients can be referred to a mental health nurse, physiotherapist, two living well workers and three pharmacists; these are employed through the practice's Primary Care Network (OneNorwich Practices), with the exception of one of the clinical pharmacists who is contracted through an external organisation.

There is a Practice Manager who is supported by two assistants. At the time of our inspection the practice was recruiting for a new Practice Manager as their current manager was due to leave the practice at the end of March 2022. The practice is supported by a team of staff who cover reception, administration, secretarial and patient care co-ordination roles.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations however if the GP needs to see a patient face-to-face then the patient is offered an appointment with a clinician suited to their needs.

Practice phone lines are open from 8am. The main practice site at West Earlham Health Centre is open between 8.30am and 6pm on all weekdays. Appointments are available between 9am and 12pm and from 3pm to 5.45pm on weekdays. There is a duty doctor available between 8.30am and 9am and from 12pm to 3pm. Patients can also be seen at the practice branch sites at Adelaide Street and Bates Green Health Centres, which are open between 9am and 5pm.

Patients can access appointments on evenings and Saturdays at two local practices through the Primary Care Network. In addition, when the practice is closed patients are directed to the GP out of hours service which is accessed through the NHS 111 service.

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 Treatment of disease, disorder or injury Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>There were gaps in the systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular, there were ineffective systems in place to learn and make improvements when things went wrong.</p> <p>There were gaps in governance and management of risk across some systems and processes including across infection prevent and control systems, emergency medicines and equipment checks and staff recruitment.</p> <p>There was additional evidence of poor governance. In particular, lines of accountability and leadership were unclear and lacked visibility. In addition, there was a lack of evidence to demonstrate an active approach to engagement with patients and staff.</p> <p>The practices non-medical prescribers were contracted and outsourced from an external provider however the practice was unable to demonstrate that they were assured that the non-medical prescribers were clinically supervised. There was no evidence of formal supervision for some of the practice nurses.</p> <p>This was in breach of Regulation 17(1) 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.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Care and treatment must be provided in a safe way for service users.
Maternity and midwifery services	There were gaps across the practice's systems and processes to support safe use of medicines. In particular:
Treatment of disease, disorder or injury	The practice's system for managing test results was not always effective, we saw evidence of results which were not managed in a timely manner.
	Our review of the practice's patient record system highlighted records where no clinical assessment, care plan and conditions or medicines review had been recorded.
	There were gaps in the record keeping across some areas for patients with long term conditions. For example, there was no evidence of thyroid function tests (such as for patients with Hypothyroidism) recorded in some records and we noted that BMI was not recorded as part of the monitoring for patients taking lithium.
	Overall, medicines reviews lacked structure across the records we reviewed.
	The practice did not operate an effective system for managing medicines safety alerts and there were examples of alerts that had not been acted on in line with the recommendations from the Medicines and Healthcare products Regulatory Agency (MHRA) in addition to guidance, in other areas, by NHS England.
	This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.