Orchard Surgery - St Ives

Inspection report

Constable Road
St Ives
Cambridgeshire
PE27 3ER
Tel: 01480 466611
https://www.riverportmedicalpractice.co.uk

Date of inspection visit: 4 February 2020
Date of publication: 02/04/2020

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?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

We rated this service as Requires improvement **overall. At the previous inspection in March 2019, the practice was rated as Good overall.**

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out a comprehensive inspection of Orchard Surgery - St Ives on 21 March 2019. The practice was rated as good overall with a rating of requires improvement for providing safe services and good for providing effective, caring, responsive and well-led services. As a result of the findings on the day of the inspection the practice was issued with a requirement notice for Regulation 17 (Good governance).

This inspection 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, the practice was rated as **inadequate** for providing **safe** services because:

- We found not all staff had received the appropriate level of safeguarding training to their role or completed basic life support training.
- The practice did not evidence that recruitment checks such as; the verification of identify documents, DBS and references were always obtained prior to employment. In addition to this, the practice was unable to evidence that dispensary staff were appropriately trained.
- The practice did not provide evidence of any risk assessments being in place for oxygen and other flammable gasses or control of substances hazardous to health (COSHH).
- We found the practice did not have oversight of the progress of actions arising from a fire risk assessment and infection prevention and control audit. Following the inspection, the practice provided a copy of their fire risk assessment action plan for all three sites, which evidenced oversight of the required actions.
- We found the monitoring of patients in waiting areas was not effective. The practice did not provide any evidence that the risks to patients had been risk assessed or mitigated.
- We found the monitoring of prescription stationery was not always effective.
- The system and process to ensure all appropriate emergency medicines were available needed to be improved as we found a missing item (Dexamethasone) at two of the sites (Orchard & Fenstanton). This was previously raised as a concern at our March 2019 inspection.

At this inspection, the practice was rated as **requires improvement** for providing **effective** services because:

- We found the practice did not have complete oversight of training records of staff. We saw some staff were overdue training that the practice had deemed mandatory and the practice did not have oversight of the qualifications of staff. This was raised as a concern during our March 2019 inspection and a requirement notice was issued identifying that improvements were required to the training.
- We reviewed five staff personnel files and found that four of the five files did not contain evidence that members of staff had completed an induction program. The practice did not demonstrate completion of the Care Certificate for Health Care Assistants employed since April 2015.
- The practice's approach to care planning was inconsistent. Therefore, patients did not always have documented care plans which were easily accessible by the patients and other services, such as out of hours services or care homes.
- We found the number of patients receiving a learning disability health check and 40-74 health check were considerably lower than the number of patients eligible and health checks offered.

At this inspection, the practice was rated as **requires improvement** for providing **caring** services because:

- The practice had identified 40 carers, 0.7% of the practice population. The practice told us no specific services were available to carers, other than signposting to relevant support groups and services. The carers register was not fully up to date and accurate at the time of our inspection.

Overall summary

- We found one treatment room at the Parkhall site did not aid patient confidentiality and the practice did not provide any evidence that the risks to patient confidentiality had been assessed or mitigated.

At the previous inspection, the practice was rated as **good** for providing **responsive** services.

At this inspection, the practice was rated as **requires improvement** for providing **well-led** services because:

- We found a lack of leadership capacity to successfully manage challenges and implement and sustain improvements.
- The practice could not evidence that risks, issues and performance were effectively managed to ensure that services were safe.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

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

- Review and improve the number of health assessments and checks provided to patients.
- Review and improve the practice's cervical screening uptake.
- Formalise the oversight, supervision and competence checks for non-medical prescribers and staff employed in advanced clinical practice.

Dr Rosie Benneyworth BM BS 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 lead inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser. A second GP specialist adviser was shadowing the inspection.

Background to Orchard Surgery - St Ives

Following a joining of practices, a new partnership known and registered as Riverport Medical Practice became the provider for Orchard Surgery St. Ives and two branch sites.

The addresses are:

- Orchard Surgery St. Ives (the registered location), Constable Road, St. Ives, Cambridgeshire. PE27 3ER.
- Parkhall site, 2C, Parkhall Road, Somersham, Cambridgeshire. PE28 3EU.
- Fenstanton site, 7E, High Street, Fenstanton, Cambridgeshire. PE28 9LQ

The practice is a dispensing practice and dispenses medicines to patients that live more than a mile from a pharmacy from the Orchard Surgery St.Ives and Parkhall sites. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury. These are delivered from all three sites.

Orchard Surgery St.Ives is situated within the Cambridge and Peterborough Clinical Commissioning Group (CCG) area and provides services to 12,342 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. There are three GP partners (two male and one female) and the practice employs two salaried GPs (both female), two advance nurse practitioners, four practice nurses, and a number of health care assistants, several administration staff and dispensary staff.

The practice has a slightly higher number of patients aged under 65 years old and slightly lower than the national average number of over 65-year patients. Information published by Public Health England, rates the level of deprivation within the practice population group as ten, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 83 years compared to the national average of 79 years. Female life expectancy is 86 years compared to the national average of 83 years. The ethnicity of the practice is predominantly white at 94%.

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 18 HSCA (RA) Regulations 2014 Staffing **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. In particular:** **Staff personnel files did not contain adequate information:** • We found a lack of evidence that ID documentation had been verified for two out of five members of staff reviewed. • We found no references on file for three out of five members of staff reviewed. • The practice did not evidence any DBS checks had been undertaken for nursing and healthcare assistant staff. • The practice did not evidence that dispensers had received appropriate qualification (NVQ).

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out and 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:** • The practice could not provide evidence of any risk assessments being in place for oxygen and other flammable gasses held at the practice. • The practice could not provide evidence of any risk assessments being in place for control of substances hazardous to health (COSHH). • We found one treatment room at the Parkhall site did not aid patient confidentiality. The entire consultation of one patient could be overhead in the reception area by members of the inspection team. The practice did not provide any evidence that the risks to patient confidentiality had been risk assessed or mitigated. • We found the monitoring of patients in waiting areas was not effective. We found that waiting areas at Parkhall and Orchard sites were a considerable distance from the reception area and the practice staff did not routinely monitor patients in the waiting area, there was no system in place to ensure monitoring of these areas in the event of an emergency. The practice did not provide any evidence that the risks to patients had been risk assessed or mitigated. • We found the infection, prevention and control audit had been completed in the weeks leading to the inspection; the audit did not contain an action plan and some of the findings were unclear if actions were required, or had already been complete.

This section is primarily information for the provider

Enforcement actions

There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular:

- We found a missing item (Dexamethasone), from CQC's suggested list of emergency medicines, at two of the sites (Parkhall and Fenstanton). The practice did not provide evidence of their own list of suggested medicines and practice staff did not easily know the location of where all of the items where kept in the event of an emergency.

The stock of appropriate emergency medicines was previously raised as a concern at our March 2019 inspection and a requirement notice was issued.

Where responsibility for the care and treatment of service users was shared with, or transferred, to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users. In particular:

- The practice had identified 40 carers (0.7% of the practice population), the carers register was not fully up to date and accurate at the time of our inspection and told the inspection team there was no formal support provision for carers at the time of the inspection.
- We found the approach to care planning in the practice was inconsistent. We found that nurses completed care plans on patient records; however, we found that GPs did not complete care plans on patient records. This meant that patients did not receive a copy of their care plan to share with other people and organisations involved in their care and treatment.

Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:

- A GP had not undertaken Adult Level 3 Safeguarding training since 2 March 2016.
- A GP and the safeguarding lead in the practice had not undertaken Adult Level 3 Safeguarding training since 23 February 2016.
- A GP had not undertaken Child Level 3 Safeguarding training since 23 February 2016.
- Six non-clinical members of staff had not completed, or were overdue, basic life support training.

This section is primarily information for the provider

Enforcement actions

Staff training was previously raised as a concern at our March 2019 inspection and a requirement notice was issued.

There was additional evidence that safe care and treatment was not being provided. In particular:

- We found the monitoring of prescription stationery was not always effective. We found at the Parkhall site, prescription paper was not logged after arriving at the practice. However, it was logged into the individual rooms. This meant that in the event of prescription paper potentially being stolen or misplaced during transit to or following arrival at the practice this would not be recorded and the practice would not be able to easily identify missing prescription stationery.