

Orton Bushfield 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We carried out a comprehensive inspection of Orton Bushfield Medical Practice on 9 June 2015. The practice was rated as requires improvement for providing safe and effective services and good for providing responsive, caring and well-led services. As a result of the findings on the day of the inspection the practice was issued with requirement notices for Regulation 9 (Person-centred care) and Regulation 19 (Fit and proper persons employed). A further inspection was carried out on 8 March 2016 to follow up on the actions taken to address breaches of regulation. Following this inspection, the practice was rated as good overall and for all key questions.

We carried out a comprehensive inspection of Orton Bushfield Medical Practice on 27 July 2018 as part of our inspection programme. The practice was rated as inadequate overall with ratings of inadequate for providing responsive and well led services, and a rating of requires improvement for providing safe, effective and caring services. As a result of the findings on the day of the inspection the practice was issued with a warning notice for Regulation 17 (Good governance) and placed in special measures.

A further inspection was carried out on 18 December 2018 to follow up on the breaches of regulation. Following this inspection, we found the practice had made sufficient improvements to satisfy the warning notice for Regulation 17 (Good governance). A requirement notice remained in place for Regulations 17 & 19 (Fit and proper persons employed).

We carried out a comprehensive inspection of Orton Bushfield Medical Practice on 27 February 2019 ensure actions had been taken in line with requirement notices issued following our July 2018 inspection. The practice was rated as inadequate overall with ratings of inadequate for providing responsive and well led services, requires improvement for safe and effective services, and good for caring 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) and the practice remained in special measures.

You can read our findings from our last inspections by selecting the 'all reports' link for Orton Bushfield Medical Practice on our website.

This inspection was an unannounced 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.

Overall, we have rated the practice as inadequate.

At the previous inspection, the practice was rated as requires improvement for providing safe services. At this inspection, the practice was rated as inadequate for providing safe services because:

- We found the practice's system for managing test results was ineffective. We found 122 outstanding test results on the practice's system, some dating back to 13 May 2019 but the majority from 29 May 2019 onwards. 86 of these test results had not been opened, therefore the practice had no assurance of any urgent concerns that needed to be addressed.
- We found the practice's system for managing patient and drug safety alerts was ineffective. We found the practice had not actioned two alerts, one of which affected three patients. There was no evidence to show the practice had taken action to protect those patients from avoidable harm.
- The practice's safeguarding processes and systems were unclear. We found one example of a safeguarding concern raised by a member of staff and the practice could not evidence any actions were taken in response to it.
- We found out of date medicines; four vials of prochlorperazine (a medicine used for a variety of conditions), a medicine stored in a GP bag, and one flu vaccination all had expiry dates of 31 May 2019, despite a stock check having been recorded as completed after this date. This issue was previously raised as a concern at our inspection visit in February 2019.
- We found the practice had taken no action to mitigate risks identified during building and safety risk assessments. A fire risk assessment was completed in January 2018 and one action was marked for completion 'as soon as possible' as it posed a fire risk. On the day of our inspection this was still incomplete. In addition to this, the practice had completed a health and safety risk assessment but taken no action to mitigate the risks identified.

Overall summary

- The process for recording and handling and learning from complaints and feedback was not effective. This was raised as a concern at our July 2018 and February 2019 inspection visits.

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

- We found patients were not receiving full assessments of their clinical needs and patient care was not regularly reviewed and updated. The practice's recall system was ineffective. We reviewed the patient records system and found patients diagnosed with long-term conditions had alerts attached to their records advising a review of their conditions was overdue. However, there was no evidence that these reviews took place, and this meant we could not be assured these patients were receiving effective care and treatment.
- The practice's Quality Outcomes Framework (QOF) performance had significantly deteriorated in 2018/2019 data submitted by the practice. The practice did not have any plans in place to improve this at the time of the inspection.
- The practice's childhood immunisation uptake was below the 90% World Health Organisation minimum target and had deteriorated since our July 2018 inspection.
- We found the practice did not have a quality improvement program in place to monitor and improve the quality of care provided to patients.
- The practice did not have a system in place for monitoring the competence of clinical staff employed. We found examples where a clinician's consultations were not completed or recorded in line with NICE guidelines and this had not been identified by the practice.

At the previous inspection, the practice was rated as good for providing caring services. At this inspection the practice was rated as good for providing caring services.

At the previous inspection, the practice was rated as inadequate for providing responsive services. At this inspection, the practice remained rated as inadequate for providing responsive services because:

- Patient feedback through the National GP Patient Survey, NHS Choices and feedback on the day of the inspection was negative in relation to accessing the practice. The practice had installed a new telephone system to create further telephone lines but continued to only use one member of staff to answer the lines. The new telephone system had also not been evaluated by the practice to monitor any improvement.
- The practice was due to implement a new appointment system from 17 June 2019, however staff we spoke with told us they had no information or training on this system and did not know what it entailed. No information was made available to patients.
- The process for recording and handling and learning from complaints and feedback was still not effective. This was raised as a concern on our July 2018 and February 2019 inspection visits.

At the previous inspection, the practice was rated as inadequate for providing well-led services. At this inspection, the practice remained rated as inadequate for providing well-led services because:

- We found the practice had not made improvements to address all of the concerns noted in our previous inspection reports. Where the practice had made improvements, not all of these had been sustained.
- During this inspection we identified a number of new concerns relating to patient safety.
- We found a lack of leadership capacity and capability to successfully manage challenges and implement and sustain improvements.
- We found the governance systems and management oversight did not ensure that services were safe and that the quality of those services was effectively managed.

The areas where the provider must make improvements are:

- 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.

This service was placed in special measures in July 2018. Insufficient improvements had been made and further risks had been identified in our inspections in February 2019 and June 2019.

Overall summary

Following our unannounced comprehensive inspection in June 2019 we took urgent action to suspend Dr Evelyn Christene Marimuthu's CQC registration which prevents the Provider from delivering regulated activities.

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.
The team included a GP specialist adviser and a second CQC inspector.

Background to Orton Bushfield Medical Practice

Orton Bushfield Medical Centre is located in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area and is contracted to provide general medical services to approximately 5,403 registered patients.

The practice is operated by a Sole Provider, Dr Evelyn, Christene Marimuthu, who holds overall financial and managerial responsibility for the practice. The provider also employs a practice manager and deputy manager, two nurses, a healthcare assistant and a number of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday apart from between 1pm and 1.30pm when the practice closes for lunch. Outside of practice opening hours out of hours care is provided by another health care provider, Herts Urgent Care, via the 111 service.

According to Public Health England information, the patient population has a slightly higher than average number of patients aged 0 to 29 years, and a lower than average number of patients aged 70 to 85 plus years compared to the practice average across England.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The practice's system for handling patient and medicines safety alerts was ineffective.• The practice's system for managing test results was ineffective and the practice had no assurance of any urgent concerns that needed to be addressed.• The practice failed to evidence they had taken sufficient action in relation to health and safety risk assessments to ensure patients and staff were kept safe from harm.• The practice's safeguarding systems and processes were ineffective.• The practice's recall system was ineffective, and the practice could not be assured these patients were receiving effective care and treatment.• Unverified but submitted 2018/2019 Quality and Outcomes Framework (QOF) data evidenced significant deterioration in outcomes for patients with large numbers of patients not getting recommended interventions for their specific condition.• We identified that medication review codes had been added to records with no accompanying information to demonstrate a comprehensive and structured review had taken place to ensure the prescribing was safe and appropriate.• The practice's system for monitoring expiry dates of emergency medicines and vaccines was not effective. We found four vials of out of date prochlorperazine which expired on 31 May 2019 in the emergency drug bag and one out of date flu vaccination which also expired on 31 May 2019.

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The practice failed to evidence supervision and support for locum clinical staff.
- The practice could not evidence that new members of staff were inducted into their roles at the practice.
- The practice failed to evidence they had oversight of staff training to ensure all staff were appropriately trained for the role they undertook.
- The practice failed to evidence an audit program system was in place to monitor and improve the quality of care provided.
- The process for recording and handling significant events. We found that not all events were recorded and where they were, they were not always appropriately managed.
- The process for recording and handling complaints was not effective. We found that not all complaints were recorded and where they were, they were not always appropriately managed.
- The systems in place for monitoring and responding to feedback were not effective.
- The practice's system for identifying and supporting carers was not effective.