

# Doddington Medical Centre

## 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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**We carried out an announced comprehensive inspection at Doddington Medical Centre on 23 November 2020.**

**We rated this service as Good overall.** This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care provided and to confirm that the practice was now meeting legal requirements.

At the previous comprehensive inspection published 17 October 2019, the practice was rated as inadequate overall with a rating of inadequate for providing safe and well led services. The practice was rated as requires improvement for providing effective services and good for providing caring and responsive services. As a result of the concerns identified, the practice was issued with a warning notice for breaches of Regulation 12 Safe care and treatment and Regulation 17 Good governance. A requirement notice was issued for breaches of Regulation 18 Staffing. The practice was placed into special measures.

The practice had previously been inspected in February 2016 and was rated as good.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information the practice sent to us prior to the inspection
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We conducted staff interviews and review documents sent by the provider from 4 November 2020 and carried out a site visit on 23 November 2020.

## **At this inspection we found;**

- Significant improvements had been made to the clinical and management teams within the practice. Additional clinical and non-clinical staff such as site leads had been introduced to ensure staff were supported, concerns were escalated without delay and information flowed to and from staff appropriately.
- The practice had installed and populated a new practice intranet. Staff told us this had significantly improved communication and information flow for staff across all sites. Staff were able to easily access policies, procedures and minutes of meetings for shared learning.
- The management team had oversight of training, but staff were able to review their own training records.
- The practice had worked with the CCG medicines teams to ensure the improvements identified at our last inspection were made and sustained.

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

- Significant improvements had been made since our last inspection. However, we identified that the practice systems and processes to ensure the practice was able to evidence that all patients received a structured medicine review in a timely manner was not wholly effective.

**At our previous inspection, the practice was rated as requires improvement for providing effective services. At this inspection, the practice was rated as good overall for providing effective services and in all population groups except working age people (including those recently retired and students). We rated working age people (including those recently retired and students) as requires as improvement because;**

# Overall summary

- The practice performance in relation to the percentage of women receiving cervical screening was below the CCG and national average. The practice shared the plans they had in place to improve the uptake but these had been hindered by the restrictions due to COVID-19.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

**At this inspection, the practice was rated as Good for providing responsive services because:**

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to monitor and encourage patients to attend for cancer screening programme appointments.
- Continue to monitor prescribing of antibiotics to ensure safe use of medicines
- Continue to monitor and review exception reporting in relation to patients receiving reviews in a timely manner.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

**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	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Requires Improvement	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

## Our inspection team

Our inspection team was led by a CQC lead inspector and a GP specialist adviser and a member of the CQC medicines optimisation team.

## Background to Doddington Medical Centre

Doddington Medical Centre is part of the Fenland Group Practices and is located in Doddington, March, Cambridgeshire. The practice provides services for patients across an area including Doddington, Wimblington, Manea, Benwick, March Chatteris and Ramsey. In addition to the main branch at Doddington there are three branch sites located in Wimblington, Manea and Ramsey.

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

Doddington Medical Centre is situated within the Cambridge and Peterborough Clinical Commissioning Group (CCG) and provides services to 12,474 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 six GP partners for this registered location. The practice employs six salaried GPs, one of which is on the GP retainer scheme. There are two advanced nurse practitioners and a diabetic specialist nurse. There is a nursing team comprising of six practice nurses and nine health care assistants, two of which are undertaking their nurse training courses supported by the practice. The practice is a training practice and currently has three registrars. The three practice managers are supported by a team of three site managers, administration, reception and secretarial staff. The dispensary manager is supported by a team of dispensary staff. Through the PCN the surgery is also supported by a pharmacy technician and Social Prescriber.

There are higher than average number of patients over the age of 65. Information published by Public Health England, rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 83 years the same as the national average.

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 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	
Maternity and midwifery services	<b>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</b>
Surgical procedures	
Treatment of disease, disorder or injury	We identified that the practice systems and processes to ensure the practice was able to evidence that all patients received a structured medicine review in a timely manner was not wholly effective.  The practice did not have a formal process to evidence they had assessed staff as competent to undertake the task delegated to them.