

Christchurch Family Medical Centre

Inspection report

Christchurch Fam Medical Centre
North Street, Downend
Bristol
BS16 5SG
Tel: 01179709500

Date of inspection visit: 20 June 2023
Date of publication: 23/08/2023

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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive at Christchurch Family Medical Centre on 20 June 2023. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led – Requires improvement

Following our previous inspection on 9 August 2016 the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Christchurch Family Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this comprehensive inspection to follow up concerns reported to us. We looked at Safe, Effective, Caring, Responsive and Well-led key questions.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- 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 provider, patients, the public and other organisations.

We found that:

Overall summary

- The practice did not always provide care that kept patients safe. In particular, medicines that require monitoring and appropriate actioning of safety alerts.
- Patients did not always receive effective care and treatment that met their needs. In particular, action taken when patients are at risk or have developed a long term condition.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Leaders had responded to access concerns and were making progress to provide care and treatment in a timely way.
- The practice did not always have effective governance systems and processes to support high-quality care and delivery.

We found areas of outstanding practice:

- There were examples where the practice recognised and respected the totality of peoples needs, went the extra mile to support them. In particular, for patients who were identified to the care coordination team.
- The practice had achieved a gold award for their work to support carers.

We found 2 breaches of regulations. The provide **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.

The provider **should:**

- Take steps to improve processes to monitor staff and patient feedback. For example, implement the plan to introduce a Patient Participation Group (PPG).
- Improve systems to support patients to gain access to practice services, such as appointments.
- Continue to improve cervical screening uptake.
- Ensure that changes governance around Patient Group Directions (PGD's) is embedded.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit with the support of a CQC team inspector. 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 Christchurch Family Medical Centre

Christchurch Family Medical Centre is located in Bristol at:

North Street

Downend

Bristol

BS16 5SG

The practice has a branch surgery at:

Willow Surgery

Hill House Road

Downend

BS16 5FJ

We visited both sites as part of this inspection. There is no dispensary at this surgery.

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

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Bristol, North Somerset, South Gloucestershire (BNSSG) Integrated Care System (ICS) and delivers Personal Medical Services (PMS) to a patient population of about 27,500. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as Network 4 Primary Care Network.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the eighth lowest decile (8 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 91.7% White, 3.4% Asian, 21% White, 2.3% Black, 2% Mixed, and 0.6% Other.

There is a team of 13 partners including 12 GPs and 2 clinical pharmacists. The GP team includes 6 salaried GPs who provide cover at both practices. The practice is supported by clinical teams of nurses, clinical pharmacists and paramedics who provide care in long term conditions, minor injury and illness and medication reviews. The practice has by a team of administration staff and care coordinators.

There are 2 executive managers responsible for managerial oversight. There executive manager based at the main location and branch site.

The practice is open between 7:30 am to 6:30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Push Doctor, Saturday appointments are available. Out of hours services are provided by 111.

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 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 registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Oversight of non-medical prescribers to ensure safe practice was not always effective.• Systems to support oversight of safe controlled drug prescribing was not effective.• Systems to support patients with a safeguarding concern were not always effective, including completion of staff mandatory training.• Systems and processes to support patients with long term conditions, patients who were prescribed medicines that required monitoring were not always effective. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Patients affected by safety alerts, for example Medicines and Healthcare products Regulatory Agency (MHRA) alerts had not always been reviewed to ensure safe care and treatment.
- Action had not always been implemented to ensure patients on medicines such as Angiotensin-converting enzyme (ACE) inhibitor or Angiotensin II receptor blockers received timely reviews.
- Patients with long term conditions or those who were at risk of a condition had not always received appropriate monitoring, medicines or review. For example, asthma and diabetes
- The service could not always evidence all Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions had been made or reviewed in line with guidance.

This was in breach of Regulation 12 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.