

# Severn Fields Medical Practice

## Inspection report

Severn Fields Health Village  
Sundorne Road  
Shrewsbury  
Shropshire  
SY1 4RQ  
Tel: 01743 281950  
www.severnfields.co.uk

Date of inspection visit: 17 July 2019  
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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

Requires improvement 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced focused inspection at Severn Fields Medical Practice on 17 July 2019. We decided to undertake an inspection of this service following our annual review of the information available to us. This process identified a possible decline in the quality of care provided. This inspection looked at the following key questions: safe, effective responsive and well-led. Information available to us did not indicate that the quality of care had changed in relation to the key question caring. As a result, the rating for caring has been carried forward to contribute to the overall rating for this practice.

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 previously carried out a focused inspection at Severn Fields Medical Practice on 16 February 2017. The inspection was undertaken to review a previous breach of legal requirement in relation to safe care and treatment that was identified at the comprehensive inspection undertaken on 31 May 2016. We found the provider had addressed the concerns identified. The reports on these inspections can be found by selecting the 'all reports' link for Severn Fields Medical Practice on our website at .

## **We have rated this practice as requires improvement overall.**

The practice is rated as **inadequate** for providing safe services because:

- The management of safety systems and processes to keep people safe and safeguarded from abuse was not effective. This was particularly in relation to safeguarding, staff training and ensuring information received from secondary care concerning children who presented with injury and or had not attended their appointment were followed up. Not all staff were aware of the practice safeguarding leads.
- The practice did not have effective systems in place for some processes relating to the safe management of medicines and reviews. Risks associated with emergency situations and events had not been fully identified, assessed and managed. A risk assessment had not been carried out to the explain the rationale for

not stocking the suggested medicines in the event of a medical emergency. In addition, the system for checking emergency medicines held within the practice and their location required review to ensure medicines were readily accessible by staff.

- Records reviewed showed a significant number of patients on repeat prescriptions were overdue a medicines review. Most patients prescribed high risk medicines had been reviewed and assessed.
- An effective system was not in place for the review of pathology test results.
- Medicines prescribed in secondary care were not consistently documented on patients records.
- The process for ensuring all patient safety alerts issued were received and actioned was not always effective.
- At the time of the inspection there was no documented evidence available that the practice had assured themselves that the required health and safety checks and risk assessments had been completed by the landlord.
- Not all staff had received or were up to date with training in safe working practices.
- Only one of the three designated fire wardens had received fire marshal training to support them in their role.
- The practice had carried out their own infection prevention and control audit, which identified actions. However, an action plan had not been developed to identify the specific action to be taken, by whom and the date of completion.
- A complaint had not been considered or investigated as a significant event to improve the quality of patient care from the lessons learnt.
- There were not enough clinical staff employed to meet patient demand.

We rated the practice as **requires improvement** for providing effective services because:

- A significant number of patients were overdue a structured medicines review.
- Not all staff had received an appraisal of their work.
- Not all staff had received up to date training.

These areas affected all population groups so we rated all population groups as requires improvement.

We rated the practice as **requires improvement** for providing responsive services because:

# Overall summary

- Many patients were unable to book either same day or pre-bookable appointments when they needed them.
- Some patients found it difficult to get through to the practice on the telephone.
- A complaint had not been investigated through the formal complaint's procedure or considered a significant event to improve the quality of patient care from the lessons learnt.
- The unverified results for the 2019 national GP survey for the practice showed a decrease in patient satisfaction in relation to getting through to someone at the practice on the phone; the overall experience of making an appointment and satisfaction with the GP practice appointment times. The practice results for all but two of the questions asked were below the local and national averages.

We rated the practice **requires improvement** for providing a well-led service because:

- The practice did not have sufficient systems to identify, manage and mitigate risk.
- There were gaps in the practice's governance systems and processes and the overall governance arrangements were not effective.
- There were no formal arrangements to assess staff with extended roles who worked autonomously making clinical assessments for patients who presented with undifferentiated clinical conditions.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a consistent safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that persons employed in the provision of the regulated activity receive the appropriate training and appraisal necessary to enable them to carry out the duties.

(Please see the specific details on action required at the end of this report).

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

- Continue to review staffing levels.
- Improve patient experiences of accessing the service.
- Develop an action plan in response to the National GP Patient Survey 2019.
- Improve signage around the practice.

Within 48 hours of the inspection the provider sent us an action plan in response to the immediate concerns that we identified on the day of the inspection

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGPChief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice manager advisor and a second CQC inspector.

## Background to Severn Fields Medical Practice

Severn Fields Medical Practice is registered with the Care Quality Commission (CQC) as a partnership GP provider operating a GP practice in Shrewsbury, Shropshire. The practice is part of the NHS Shropshire Clinical Commissioning Group and holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice operates from within Severn Fields Health Village, Sundorne Road, Shrewsbury, SY1 4RQ and provides regulated activities from this location only. The purpose-built practice building is made up of three floors with Severn Fields Medical Practice situated on the first floor. The building is surrounded by car parking facilities and has an automatic door at the entrance, with lifts available for patients to the first floor. The practice has six treatment rooms, an isolation room and 36 consulting rooms which are utilised for various primary care focused needs. The practice has toilet facilities situated in various locations around the practice and the building for patients and visitors. The practice administration offices are situated on the second floor. A commercial pharmacy is situated on the ground floor and is independent of the practice.

The building is a hub for many other clinics provided by other NHS organisations or Any Qualified Provider (AQP). This is a national programme which offers patients more choice. This enables patients to visit the practice for mental health, physiotherapy, ophthalmology, pain management, ante-natal services instead of having to travel to the hospital across the other side of town.

The practice area is one of lower overall deprivation when compared with the national averages. At the time of the inspection the practice had 16,875 registered patients. Demographically the practice age profile is mainly comparable with local and national averages except for the number of patients aged 18 and under. The percentage of patients with a long-standing health condition is 60% which is above the local average of 55% and the national average of 51% meaning there could be additional demand on the service. The patient population is mainly White British. The practice is a training and teaching practice and currently has two GP registrars (qualified doctors training to become a GP).

The practice is open each weekday from 8.30am to 6pm. The practice switchboard is open from 8.30am to 6pm but closed from 1pm to 2pm, however, a doctor can be contacted in an emergency during these times. The practice has opted out of providing cover to patients outside of normal working hours. The out-of-hours

services are provided by Shropdoc via the NHS 111 service. Routine appointments can be booked in person, by telephone or on-line. Home visits are triaged by the home visiting practitioners and available to patients with complex needs or who are unable to attend the practice. Patients can also access an extended hour's service provided by Darwin Health Limited during evenings and weekends.

The practice staffing currently consists 50 staff working a mixture of full and part time hours:

- Four GPs - 3.25 Whole Time Equivalent (WTE)
- Two advanced nursing practitioners - 1.8 WTE

- Six practice nurses - 3.6 WTE
- One health care assistant - 0.7 WTE
- Two clinical pharmacists – 1.6 (1 currently on leave)
- Two home visiting practitioners – 2 WTE
- Three Managers including a practice/business manager, practice operations manager and the patient services manager: 2.6 WTE
- Fourteen administrative staff - 9.8 WTE
- Sixteen reception staff - 12.1 WTE

Further details about the practice can be found by accessing the practice's website at [www.severnfields.co.uk](http://www.severnfields.co.uk)

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	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p><b>How the regulation was not being met:</b></p> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• Not all staff had received up to date training in safeguarding.</li><li>• Information received from secondary care concerning a child who presented with injury and had not attended their appointment was not followed up.</li><li>• Not all staff were aware of the practice safeguarding leads.</li><li>• The practice had not carried out a risk assessment to reflect the emergency medicines required in the practice for the range of treatments offered and the conditions treated.</li><li>• Emergency medicines were not easily accessible and not all staff knew of their location and of the stock held.</li><li>• A significant number of patients on repeat prescriptions were overdue a medicines review.</li><li>• The practice did not have an effective system in place for the review of pathology test results.</li><li>• Medicines prescribed in secondary care were not consistently documented on patients records.</li><li>• The process for ensuring all patient safety alerts issued were received and actioned was not always effective.</li><li>• The provider had not assured themselves that the required health and safety checks and risk assessments had been completed by the landlord.</li><li>• Not all staff had received or were up to date with training in safe working practices.</li><li>• Not all designated fire wardens had received fire marshal training to support them in their role.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The practice had carried out their own infection prevention and control audit, which identified actions. However, an action plan had not been developed to identify the specific action to be taken, by whom and the date of completion.

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

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### How the regulation was not being met:

The registered persons had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- A complaint had not been investigated through the formal complaints process or reviewed as a significant event to improve the quality of patient care from the lessons learnt.
- Governance structures and systems were not fully effective or embedded.
- The practice did not have effective systems to identify, manage and mitigate risk.
- There was a lack of oversight of patient's overdue medicine reviews.

**This was in breach of regulation 17 (1), (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### How the regulation was not being met:

This section is primarily information for the provider

## Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

- The registered persons had failed to ensure that persons employed in the provision of the regulated activity received such appropriate training and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:
- There were no formal arrangements to assess staff with extended roles who worked autonomously making clinical assessments for patients presenting with undifferentiated clinical conditions.
- There was a lack of oversight for ensuring that all staff had completed essential training.
- Not all staff had received an appraisal of their work.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.