

Sunnyhill Healthcare C.I.C

Inspection report


High Street
Arlesey
Bedfordshire
SG15 6SN
Tel: 01462628128
www.arleseymedicalcentre.nhs.uk






Date of inspection visit: 11 Sept 2019
Date of publication: 29/10/2019

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

Overall summary

We carried out an announced comprehensive inspection at Sunnyhill healthcare C.I.C. on 11 September 2019 in response to an annual regulatory review.

At the last inspection in March 2017 we rated the practice as good overall.

Our judgement of the quality of care at this service is based 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.

The practice is rated as inadequate overall.

The practice is rated as inadequate in providing safe services because:

- The systems supporting infection prevention and control were lacking. There were areas of the building that showed disrepair and areas that required deep cleaning.
- The practice had not completed a health and safety, security or legionella risk assessment. Shortly after the inspection, we received evidence that a health and safety risk assessment had been completed and an associated action plan developed.
- There was no learning taken or shared from significant events or an analysis of trends.
- The recording of staff immunisation and vaccination was incomplete and did not have self-certification from staff.
- There was no evidence of actions taken from patient medicine and safety alerts.
- Patient Group Directions that allowed non-prescribers to give vaccines were not signed by an appropriate person.
- Emergency medicines were not easily accessible.

The practice is rated as requires improvement for providing effective services because:

- The practice had not reached public health targets for the percentage of eligible patients receiving cervical screening.
- The practice had not completed any quality improvement activity, such as two-cycle clinical audits.
- There was limited oversight of prescribers or formal audit of their practice.

- The system for appraisal was informal and documentation was not detailed.
- The system for following up children who may be at risk was disjointed and there was no fail-safe system in place.

The practice is rated as good for providing caring services because:

- Patients told us staff were caring and compassionate and worked hard to meet their needs.
- The practice had identified 1% of the practice population as carers and offered appropriate support.

The practice is rated as requires improvement for providing responsive service because:

- The practice did not appropriately respond to complaints received and there were no analysis of trends, themes or identification of potential significant events from complaints.
- There was no clear learning identified or shared from complaints.
- Information of how to escalate concerns to the Parliamentary and Health Service ombudsman was not available to patients.
- There was no analysis of themes from patient feedback.
- GP patient survey results regarding access were in line with local and national averages and patients told us they could make appointments when they needed.

The practice is rated as inadequate for providing well-led services because:

- There were ineffective governance arrangements in place.
- There were ineffective processes to manage risk, issues and performance.
- The practice did not always act on appropriate and accurate information.
- The practice did not always act upon complaints received appropriately, there was a lack of analysis of themes, trends or identification of potential significant events from complaints received or from patient feedback. Learning was not identified and shared with the wider practice team.
- There was no action plan in place for service development or analysis of challenges the practice faced.
- There was no process for organisational audit or risk assessment.

Overall summary

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

- Improve cervical screening uptake.
- Improve the identification and support for carers.

There were areas where the provider **must** make improvements as they are in breach of regulation 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.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the

process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Dr Rosie Benneyworth BS BM 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 inspector and included a GP specialist advisor and practice nurse specialist advisor.

Background to Sunnyhill Healthcare C.I.C

Sunnyhill Healthcare Community Interest Company (CIC), also known as Arlesey Medical Centre, provides a range of primary medical services, including minor surgical procedures, from its location at High Street, Arlesey, SG15 6SN. It is part of the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice holds an Alternative Provider Medical Services (APMS) contract, this is a locally agreed contract with clinical commissioning groups and GP practices.

The practice serves a population of approximately 4,600 patients. The practice population is 94% white British.

The practice supports a local care home and a local learning disability home.

Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of one lead GP (male) and a salaried GP (male). The practice uses regular locum GPs.

The practice also employs a female senior nurse practitioner / prescriber. The team is supported by a practice manager and a team of non-clinical, administrative staff.

The practice operates from a single storey property that is leased from the local authority. The medical centre utilises part of this building and other areas are used by the local library, community centre and village hall. Patient toilet facilities are shared with these services. There is disabled access throughout. There is a car park outside the surgery, with disabled parking available.

Sunnyhill Healthcare CIC is open from 7am to 6.30pm on Monday and Friday, 8am to 6.30pm on Tuesday and Thursday and 7.30am to 6.30pm on Wednesday. When the practice is closed, out of hours services can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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:</p> <ul style="list-style-type: none">• Systems around infection control were lacking. The IPC audit had not identified areas of concern such as areas of disrepair or areas that required deep cleaning.• There were no cleaning schedules for the building or non-single use equipment.• A complete record of staff immunisations was not held.• A security or premises risk assessment had not been completed.• A full legionella risk assessment had not been completed. Actions that had been highlighted by the communal risk assessment around joint facilities had not been actioned.• A risk assessment had not been completed to support the decision not to hold certain emergency medicines.• Patient Group Directions had not been signed by an appropriate person. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 were operating ineffectively in that they failed to</p>

Enforcement actions

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:

- The system to manage complaints was ineffective. There was no clear learning or analysis of trends.
- There was no analysis of significant events or review of actions taken.
- There was no clear action taken from MHRA alerts.
- The practice had not completed any two-cycle clinical audits or organisational audits or risk assessments.
- There was no clear audit of non-medical prescribers' practice, prescribing or consultations.
- Appraisals and meeting minutes were not detailed and did not contain information of items discussed.
- Clinical policies, such as the mental capacity act policy needed strengthening.
- The process for following up children who may be at risk was disjointed.

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