

Buntingford Medical Centre

Inspection report

White Hart Close
Buntingford
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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?

Requires Improvement



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Buntingford Medical Centre on 21 July 2022. Overall, the practice is rated as requires improvement.

The key questions are rated as:

Safe – Requires improvement

Effective -Requires improvement

Well-led – Requires improvement

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

Why we carried out this inspection

This inspection was a focused Inspection. We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- 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 have rated this practice as requires improvement overall

Overall summary

We found that:

- Systems, practice and processes to keep people safe and safeguarded from abuse required strengthening.
- The practice was unable to demonstrate that adequate employment checks were always undertaken in line with practice policies.
- The arrangements for managing medicines did not always keep people safe.
- The practice system for managing and acting on Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts was not always effective.
- Patient treatment was not always regularly reviewed and updated.
- There were inconsistencies in the monitoring and management of long-term conditions.
- The system to ensure staff had the skills, knowledge and experience to deliver effective care, support and treatment was not effective.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

We found breaches of regulations. The provider **must**:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

In addition, the practice **should**:

- Continue to offer access to appropriate health assessments and checks to identified patients.
- Further develop a programme of targeted quality improvement.
- Embed and ensure staff understand the vision, values and strategy.
- Develop staff access to the Freedom to Speak Up Guardian for the practice.

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

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. 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 Buntingford Medical Centre

Buntingford Medical Centre is in Buntingford, Hertfordshire. The practice is situated within the East & North Hertfordshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a population of approximately 10,812 patients. This is part of a contract with NHS England. The practice recently merged with Puckeridge Medical Practice; we did not inspect this location as part of the inspection. The practice is part of a wider network of GP practice within the Ware and Rurals Primary Care Network (PCN). The practice provides training to doctors studying to become GPs.

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

Information published by Public Health England shows that deprivation within the practice population group is in the tenth highest decile (10 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 97.7% White 0.9% Asian, 0.9% Mixed, 0.3% Black, and 0.2% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of four GP Partners and six GP's who provide clinical services at the practice. There is one nurse practitioner, one practice nurse and one trainee practice nurse who provide nurse led clinics for long-term conditions. They are supported by a health care assistant. A clinical pharmacist and social prescriber provide additional services through the local PCN. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and operations support manager provide managerial oversight.

The practice is open between 8.30am to 6.00pm Monday to Friday. Appointments are available daily between 08.30am to 11.30am and 2.00pm to 6.00pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice offers extended opening on one evening per week. When the service is closed patients can call NHS 111 for advice and treatment through local out of hours services.

The practice operates from a two-story premise. Patient consultations and treatments take place on the ground floor. The first floor is mainly used by administrative staff. There is a car park outside the surgery.

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 Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Systems, practice and processes to keep people safe and safeguarded from abuse were not always effective.• The provider was not ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. In particular, not all staff had received safeguarding of vulnerable children training at the level required for their specific role.• Not all systems and processes in place were effective in the monitoring and management of medicines.• The systems for managing Medicines and Healthcare Products (MHRA) alerts was not always effective. <p>This was in breach of Regulation 12(1) 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>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.</p> <p>How the regulation was not being met:</p>

Requirement notices

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 improve the quality and safety of the services being provided. In particular:

The practice did not always have effective systems and processes in place for the management of patients with long-term conditions.

The practice was not always keeping accurate or comprehensive clinical records. In particular, medication reviews were not always completed in detail, including not identifying outstanding monitoring.

Systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities were not effective.

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