

Thorpewood Medical Group

Inspection report

140 Woodside Road
Thorpe St Andrew
Norwich
NR7 9QL
Tel: 01603701477
www.thorpewoodmedicalgroup.nhs.uk

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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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection of Thorpewood Medical Group on 24 November 2021. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive – Requires improvement

Well-led – Requires improvement

Following our previous inspection on 14 April 2020, the practice was rated requires improvement overall and for providing safe, effective, responsive and well led services. They were rated good for providing caring services. The full reports for previous inspections can be found by selecting the 'all reports' link for Thorpewood Medical Group on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out an announced comprehensive follow up inspection at the practice to review in detail the actions taken by the provider to improve the quality of care. The focus of this inspection included:

- The key questions of safe, effective, caring, responsive and well led.
- The follow up on breaches of regulations and areas where the provider 'should' improve identified in our previous inspection.

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:

- Requesting evidence from the provider and reviewing this.
- 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.
- Conducting staff interviews using video conferencing and by telephone.
- Gaining feedback from staff by using staff questionnaires.
- Requesting and reviewing feedback from the Patient Participation Group.
- A short site visit.

Our findings

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

Overall summary

- 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. The practice was rated good for effective and caring and requires improvement for safe, responsive and well-led services.

We found that:

- Significant improvements had been made to some of the areas identified at our last inspection. However, our inspection identified other areas for improvement as the practice did not always ensure the safe management of medicines.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- At this inspection we found national patient survey data remained below local and national averages. Whilst the practice had put actions in place to improve access, these changes required embedding and evaluation to determine their effectiveness.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care. We identified some of the practice systems and processes in place to ensure good governance were not wholly effective. Where improvements were made immediately following our inspection, they needed to be monitored and embedded to ensure they were effective and sustained.

We found one breach of regulation. The provider **must**:

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

There were other areas the provider could improve and **should**:

- Improve patient experience in relation to the provision of responsive services.
- Continue to monitor the provision of the national cervical cancer screening programme to improve uptake.
- Continue to reduce the backlog of summarising.
- Review policy on Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) to ensure this is in line with evidence-based guidance.

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 inspector and a second CQC inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor and a member of the CQC pharmacy team who both spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Thorpewood Medical Group

Thorpewood Medical Group is located in Norwich, Norfolk, within the Norfolk Clinical Commissioning Group (CCG) and provides services to approximately 13,200 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. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The provider has two sites in proximity known to patients as Woodside Surgery (main site) and Dussindale Surgery, Pound Lane, Thorpe St Andrew, Norwich, NR7 0SR (branch site). Patients can usually access services at either site, however due to COVID-19 the branch site was currently closed.

Thorpewood Medical Group has a team of clinicians including three male GP partners, two long term locum GPs (one male and one female), three female salaried GPs, two advanced nurse practitioners who can prescribe, one nurse who can prescribe, four practice nurses, a locum advanced emergency care practitioner who can prescribe, three healthcare assistants and a phlebotomist. The practice had a practice manager, an operational manager, reception, finance and information technology (IT) leads, a finance assistant and compliance assistant, who supported 16 administrative staff which included receptionists, secretaries and IT staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment at the main GP location.

The practice was open from 8am to 6:30 pm Monday to Friday and also provided pre-bookable appointments on Saturdays from 8am to 12 noon. Out of hours services are provided by Integrated Care 24 (IC24).

The practice population has a deprivation index level of seven, with one being the most deprived and ten being the least deprived. According to the latest available data, the ethnic make-up of the practice area is 96% White, 2% Asian, 1% Mixed and 1% Other.

The provider forms part of OneNorwich Primary Care Network, a group of 21 GP practices collaborating through four 'neighbourhoods' to deliver enhanced local care and treatment services. The practice has a physician associate, (works four days a week for the practice) a clinical pharmacist and a pharmacy technician (both work one day a week for the practice) who are employed by the PCN.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</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 improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Medicines reviews were completed but not consistently recorded to determine that a full review had been conducted and outstanding monitoring identified and arranged. Two clinical records we examined showed multiple references to a medicines review needing to be completed but this had not been completed.• We undertook a remote review of patient's prescribed two high risk medicines. Not all patients had appropriate blood monitoring recorded in their clinical records before repeat prescriptions were reissued.• We undertook a remote review of patients prescribed controlled drugs. From the sample of records we reviewed, we found there was no consistent advice recorded on the addictive potential of these medicines or if steps were being taken to reduce the dose.• Medicines prescribed by the hospital were not consistently documented on patient's records. This would mean that a clinician in the practice prescribing medicines for the patient may not be aware of all the medications the patient is receiving and those other medicines would not be taken into account. The clinician would therefore be unaware of any possible interactions which might occur.• Safety alerts were passed onto relevant staff but not all alerts were being actioned or reviewed. We identified areas where safety alerts were not included in regular reviews of medicines.• Some patients prescribed thyroxine had not been monitored in line with evidence-based practice.

This section is primarily information for the provider

Requirement notices

- The prescribing rates for some medicines were above the local and national average.

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