

Cambridge Medical Group

Inspection report

The Cambridge Medical Group
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December
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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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Requires improvement 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Cambridge Medical Group on 10 December 2018.

We had previously inspected the practice on 10 November 2015. The overall rating was Good.

Since the previous inspection in 2015 the practice has undergone significant changes in the leadership. This has had an impact on how the practice is performing.

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 **inadequate overall**.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have robust systems in place for the recruitment of staff.
- The practice did not have a fire risk assessment on the premises.
- The practice had not carried out an infection prevention and control audit. There was no evidence to show that staff had received training in infection prevention and control.
- The practice could not demonstrate that all confidential information was stored securely.
- The practice could not always demonstrate that the learning from significant events had been shared with all staff.

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

- There was limited monitoring of the outcomes of care and treatment.
- Some performance data was significantly below local and national averages.
- The practice could not demonstrate that sufficient staff training was taking place.

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

- The national GP survey results showed that patients said that last time they had a general practice appointment the clinician was not good at listening to them.
- The healthcare professional was not very good at treating them with care and concern

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

- The national GP patient survey results showed that patients were not always able to access care and treatment in a timely way.
- The practice could not show that learning from complaints was shared with all staff.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders were not always visible and approachable. They could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice could not demonstrate that they had a clear written plan and vision for the future.
- The overall governance arrangements were not always effective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.
- The practice did not have formal full team meetings.

These areas affected all population groups so we rated all population groups as **inadequate**

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

- 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).

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

Overall summary

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.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to Cambridge Medical Group

Cambridge Medical Group is located at 10a Cambridge Road, Middlesbrough TS5 5NN.

The practice is registered with the CQC to carry out the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures and, maternity and midwifery services.

Cambridge Medical Group is situated within the South Tees Clinical Commissioning Group (CCG) and provides services to around 7,100 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 practice's clinical team is led by three partners, two male and one female, who work part-time hours. There is also a long term locum GP and another new locum GP. There are a further two GPs who work part-time hours who are salaried. The practice has an advanced nurse practitioner, two practice nurses and three healthcare assistants. The practice has a practice manager, an office manager and a team of administration and reception staff.

The practice GPs do not provide an out-of-hours service to their own patients and patients are signposted to the local out-of-hours service via 111 when the surgery is closed and at weekends. In an emergency patients are advised to ring 999 or attend the nearest accident and emergency department.

Information published by Public Health England, rates the level of deprivation within the practice population group as four, on a scale of one to ten, one being the highest level of deprivation and therefore level four represents high levels of deprivation. Male life expectancy is 79 years which is the same as the national average of 79 years. Female life expectancy is 83 years which is the same as the national average.

The majority of patients at the practice are of white British background (88%). There are a slightly higher proportion of patients over 65 on the practice list compared with practices nationally. The previously awarded rating was on display in the practice and on the web site.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 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: There was no risk assessment to support the small amount of emergency medicines in the practice and no risk assessment as to why the GPs did not take any medicines on home visits. An up to date fire risk assessment was not available. An infection prevention and control audit had not been carried out. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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: The system in place for the discussion, review and management of changes following significant events to determine their effectiveness and to assure yourselves that changes had been embedded into the practice was not effective. There was limited written evidence of dissemination to staff, learning from these incidents or changes in policies or procedures as a result. Up to date training records were not maintained. You were unable to evidence that all staff had completed all the necessary training to the required level. This included infection prevention and control training, fire safety, safeguarding and health and safety training. There were limited arrangements in place to seek and act on feedback from staff and patients. This included a lack of clinical and non-clinical meetings and no mechanisms in place such as a patient participation group to facilitate patient feedback about the practice. On three occasions we saw that the clinician carrying out minor surgery on patients at the practice had not written directly into the patient records and relied upon a health care assistant to complete this. Confidential patient information was not always stored securely. The recruitment process in place was not operating effectively. Some of the information required to be held to support the recruitment of staff was not available. Additional safeguards, for example, evidence of satisfactory conduct in previous employment were not available for all members of staff as specified within Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for these people. The processes in place to review policy and procedures were not operating effectively. There had

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Enforcement actions

been a change of the safeguarding lead at the practice. The policy had not been updated to reflect this and staff, when asked at inspection, were not able to tell us who the safeguarding lead was. This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.