

Maple Access Partnership

Inspection report

Maple House
17-19 Hazelwood Road
Northampton
Northamptonshire
NN1 1LG
Tel: 01604 250969
www.mapleaccess.org.uk

Date of inspection visit: 7 May 2019
Date of publication: 26/06/2019

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?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Maple Access on 7 May 2019.

We last inspected this practice on 6 October 2014 when we rated the practice as Good.

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.
- Staff did not have all the required recruitment checks in place.
- The premises were not being regularly assessed to ensure their safety. This posed a risk to patients and staff at the practice.
- The practice did not have all of the required emergency drugs in stock to ensure patient safety.
- The practice did not have an adequate system in place to safely manage MHRA and other safety alerts.
- Risks to staff and patients at the practice had not been adequately assessed, monitored and planned for.

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

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Some performance data was significantly below local and national averages.
- Exception reporting was high with little evidence of how the practice was working to reduce this.
- Cancer screening and immunisation rates were significantly below national averages and the practice was failing to address this.

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

- There was limited evidence in relation to how patients could feedback on how the practice was run.
- The practice had not made the changes it needed to in order to respond to the needs of the patients who used the practice who had complex health needs.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective due to areas of risk which had not been identified prior to our inspection.
- The practice did not have clear and effective processes for managing risks.

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.
- Ensure sufficient numbers of skilled and experienced staff are employed at the practice to deliver safe care and treatment.

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

- Improve the uptake of patients for the national cancer screening programme.
- Improve the uptake of child immunisations.
- Reduce the exception reporting at the practice.

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

Overall summary

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 BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires improvement	
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, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Maple Access Partnership

Maple Access Partnership is a purpose built two storey building in the centre of Northampton providing primary medical services to a diverse population of approximately 11,500 patients. The practice hold the contract for the Violent Patient Scheme within Northamptonshire and also take referrals from out of the area.

The practice has a Personal Medical Services (PMS) plus contract which allows them to tailor more specialised services to a particular patient group and receive additional funding to do this. The practice has a higher than average vulnerable patient population including patients with substance misuse issues, complex mental health needs and patients with no fixed abode. The practice population is culturally diverse.

The practice has a registered manager in place. A registered manager is an individual registered with CQC to manage the regulated activities provided. The registered manager is the lead GP at the practice.

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, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice's clinical team is led by the provider (principal GP). There is another clinical partner and one salaried GP. The practice use regular locums. The practice has a lead nurse practitioner, a prescribing nurse, two practice nurses and a health care assistant. There are five members of the reception team, a number of administrative roles as well as a mental health team in place at the practice.

The practice has opted out of providing an out-of-hours service. However, the provider is available outside usual surgery hours, with the practice's phone line being routed to an answering service, which will pass on messages. Otherwise, patients calling the practice when it is closed relate to the local out-of-hours service provider via NHS 111.

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing