

Peak & Dales Medical Partnership

Inspection report

The Medical Centre
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Bakewell
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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 caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Overall summary

We carried out an announced comprehensive inspection at Peak & Dales Medical Partnership on 10 and 14 August 2023. Overall, the practice is rated as requires improvement. We rated the practice as requires improvement for the key questions safe, effective and well-led and good for caring and responsive.

Following our previous inspection on 7 February 2020, the practice was rated outstanding overall and in the key questions responsive and well-led. It was rated good in the key questions safe, effective and caring.

At the last inspection we rated the practice as outstanding for providing responsive and well-led services because:

- The practice could demonstrate how the needs of families, children and younger people, and those whose circumstances made them vulnerable, were paramount to how they adapted service delivery and fulfilled the needs of these groups of people.
- There was evidence of proactive, effective and strong leadership. There were systems in place to drive internal improvements, quality initiatives, innovation and a commitment to engage with others and share best practice.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. At this inspection, we found some areas of concern and that the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated requires improvement for providing safe, effective and well-led services and good for providing responsive and well-led services.

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

Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us.

- We inspected the key questions safe, effective, caring, responsive and well-led.
- We followed up on the 3 best practice recommendations identified at our previous inspection.

How we carried out the inspection.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Staff questionnaires.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Speaking with a member of the Patient Participation Group
- Speaking with representatives of 3 care homes where the practice provided care and treatment.
- We visited both practices as part of this inspection.

Our findings

Overall summary

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 rated the practice as requires improvement for providing a safe service because:

- The provider had not ensured that all of the required recruitment checks or documents were available for each person employed.
- Risk assessments had not been completed for staff without a Disclosure and Barring Service (DBS) check in place, to determine the frequency of repeating DBS checks or for staff who had not received the required vaccinations or acquired immunity.
- All of the suggested emergency medicines were not available at the Bakewell Practice and a risk assessment to mitigate potential risks had not been completed.
- Checks and recording of fridge and cool bag temperatures to mitigate potential risks of delivering vaccines outside of the manufacturer's guidance had not always been completed in line with the practice's cold chain policy.
- Our clinical searches identified small numbers of patients that had not received the required blood test monitoring for medicines that require monitoring checks and that Medicines and Healthcare products Regulatory Agency (MHRA) alerts had not always been acted on.
- Opportunities to raise significant events had been missed.

However, we found that:

- The best practice recommendation that non-clinical staff should update their child safeguarding training to level 2, in line with updated guidance, had been completed.

We rated the practice as requires improvement for providing an effective service because:

- Patients with potential diabetes had not always been reviewed or followed up in line with national guidance to prevent long-term harm.
- Some staff had not received a timely appraisal.

However, we found that:

- The best practice recommendation to improve uptake rates for childhood immunisations had been completed.
- Staff had the skills and knowledge to carry out their roles.

We rated the practice as good for providing a caring service because:

- Feedback from patients regarding care and treatment was very positive and this was supported by the national GP survey data.
- Feedback from patient regarding end of live care was extremely positive, they stated that GPs went over and above their expectations.

We rated the practice as good for providing a responsive service because:

- The practice understood the needs of its local population and had developed services in response to those needs.
- Patients had timely access to appointments. Feedback from parents was particularly positive about access to appointments for children.

Overall summary

However, we found that:

- The best practice recommendation that the practice should improve the process for responding to official complaints had not fully been completed.

We rated the practice as requires improvement for providing a well-led service because:

- There were governance systems in place, however they did not always work effectively. Policies were not always updated in a timely manner. Policies were not always adhered to in particular, responding to complaints, cold chain management and recruitment of staff.
- It was not always clearly documented what the learning from significant events and complaints was or how it was shared with staff to drive improvements. Opportunities to raise significant events had been missed.

However, we found that:

- There was a clear vision, strategy and succession planning within the practice.
- Staff reported that they felt able to raise concerns without fear of retribution.

We found 2 breaches of regulations. The provider **must:**

- 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.

In addition, the provider **should:**

- Complete action plans to address and monitor any issues identified in the planned 5 year electrical installation conditions reports.
- Embed into practice the monthly fire hazard checks and assess when repeat fire risks assessments are required.
- Provide patients with asthma that have been prescribed 2 or more courses of rescue steroids with steroid cards.
- Embed into practice that blood test results have been checked and recorded in patients' records before issuing repeat prescriptions for medicine's that require monitoring.
- Review clinical audits to assess if changes made as a result of the findings have been effective.
- Provide all staff with regular appraisals.

We found one area of **outstanding** practice:

- One of the GP partners was the clinical lead for end of life care for East Midlands. They had used their experiences of providing end of life care within the practice to drive changes in the Midlands region by leading on the development of the Midlands One Care Plan. This end of life care plan will be a unified plan across the whole of the Midlands and available on the NHS App for patients to download and share with care staff. Feedback from patients was extremely positive about the end of life care they and their relatives had received.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health 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 member of the CQC medicine's team and a second inspector who undertook a site visit and spoke with staff. The team also 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 Peak & Dales Medical Partnership

Peak & Dales Medical Partnership, also known as Bakewell Medical Centre, is located in Bakewell, Derbyshire at:

Butts Road
Bakewell

Derbyshire
DE45 1ED

There is a branch practice at:

Tideswell Surgery

Parke Road

Tideswell

Buxton

Derbyshire

SK17 8NS

Both practices provide a dispensing service.

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

The practice offers services from both a main practice and branch practice. Patients can access services at both practices. We visited both practices as part of this inspection.

The practice is situated within the Joined Up Care Derbyshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of approximately 8,872 people. This is part of a contract held with NHS England.

The practice is part of the Derbyshire Dales Primary Care Network (PCN), a wider network of 8 GP practices that work collaboratively to deliver primary care services.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 9th decile (9 out 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 predominantly white at 99.1% of the registered patients, with estimates of 0.3% Asian, 0.1% Black and 0.5% mixed.

The percentage of older patients registered with the practice is 29.2% which is higher than the local average of 20.4% and the national average of 17.7%. The percentage of working age patients and young patients registered with the practice is below the local and national averages.

There are 2 GP partners, 6 salaried GPs, a community matron, an advanced nurse practitioner, 2 practice nurses, a nurse associate, 4 healthcare assistants and 4 dispensers and a trainee dispenser. The clinical staff are supported by a business manager, an operations manager, a practice manager and a team of reception and administrative staff.

The practices are open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Enhanced access is provided locally by Derbyshire Dales Primary Care Network (PCN), where late evening and weekend appointments are shared across all of the practices within the PCN throughout the week. Out of hours services are provided by Derbyshire Health United (DHU) Monday to Friday 6.30pm – 8am and 24 hours on Saturdays and Sundays.

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 Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<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 and others. In particular:</p> <ul style="list-style-type: none">• Risk assessments had not been completed to determine the frequency of when Disclosure and Barring Service (DBS) checks should be repeated and for staff that were awaiting the result of their DBS check.• Risk assessments had not been completed for staff that had not received vaccinations in line with UK Health and Security Agency guidance or for clinical staff that had not acquired immunity to hepatitis B following immunisation.• All of the suggested emergency medicines were not available at the Bakewell Practice, in particular a medicine used for the treatment of croup in children. A risk assessment had not been completed to mitigate potential risks. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• There was a potential risk that medicines and vaccines that required refrigeration had been administered outside of manufacture's guidelines. Temperature checks had not always been recorded, reviewed or acted on in the fridges used to store vaccines or the cool bag used to transport and store vaccines at the branch practice.• Patients had not always received the required monitoring or appropriate action taken for medicines that require monitoring. In particular, patients prescribed a medicine used to prevent blood clots, patients with impaired kidney function who were prescribed a medicine used in the treatment of diabetes.

This section is primarily information for the provider

Requirement notices

- Medicines and Healthcare products Regulatory Agency (MHRA) alerts had not always been acted on. In particular, a medicine used in the treatment of low mood in patients over 65 years of age.

There was additional evidence that safe care and treatment was not being provided. In particular:

- Patients with a potential diagnosis of diabetes had not always been reviewed or followed up in line with national guidance.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person had systems or processes in place that operating ineffectively in that they failed to enable 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. In particular:

- All of the required information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was not available for each person employed. In particular, evidence of satisfactory conduct in previous employment, satisfactory information about any physical or mental and DBS checks.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- Significant event forms lacked detail and it was not always clear what the learning from the incident was.

This section is primarily information for the provider

Requirement notices

Opportunities to raise significant events had been missed. For example, failure to monitor the temperature of a fridge and cool bag used to store or transport vaccines in line with their cold chain policy.

- Complaints received into the practice had not always been acknowledged or responded to. It was not always clear how the practice used complaints and significant events to drive improvements within the practice.

There was additional evidence of poor governance. In particular:

- Policies had not always been reviewed or updated effectively. In particular, the policies for safeguarding children and the recruitment policy.
- Policies were not always adhered in particular, responding to complaints, cold chain management and recruitment of staff.

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