

# Adam House Medical Centre

## Inspection report

85-91 Derby Road  
Sandiacre  
Nottingham  
NG10 5HZ  
Tel: 08448151097

Date of inspection visit: 21 October and 25 October  
2021  
Date of publication: 17/12/2021

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?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out a short announced inspection at Adam House Medical Centre on 21 and 25 October 2021. Overall, the practice is rated as requires improvement. It is rated as:

- Requires improvement for providing safe care and treatment
- Requires improvement for providing effective care
- Good for caring
- Requires improvement for providing responsive care
- Requires improvement for well-led

Following our previous inspection on 7 January 2019, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Adam House Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- Concerns shared with the CQC regarding the safe care and treatment of patients and overall governance of the service.
- Key questions safe, effective, caring, responsive and well-led.
- Five best practice recommendations identified at our previous inspection:
- Review the availability of risk assessments to explain the absence of some recommended emergency medicines on site.
- Ensure that vaccine storage is maintained in line with guidance at all times.
- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Improve the uptake of annual health reviews for patients with a learning disability.
- Review the practice complaints policy and procedure to ensure these were in line with recognised guidance

## 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 and on site
- 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 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.**

We rated the practice as **requires improvement** for providing safe care and treatment. This is because:

- Not all clinicians reviewed all prescribed medicines during medicine reviews.
- Information held in the patient records was not always appropriately electronically coded, up to date or accurate.
- The practice did not have a system in place to demonstrate their assurance of the prescribing competence of non-medical prescribers.
- There was a system in place for recording and acting on safety alerts, the practice had not incorporated however legacy medicine alerts into their routine clinical practice.

We rated the practice as **requires improvement** for providing an effective service. This was because:

- The practice had identified backlogs of activity, for example medicine reviews, the backlog of work had impacted on the accuracy of information available to clinicians both internally and external to the practice.
- Pathology results and letters had not always been seen and actioned in a timely manner, which had created a backlog in scanning and attaching letters to patient records. This had resulted in a patient not being prescribed the correct medicines.
- Clinicians had not always informed patients about abnormal results and referrals to secondary care, which had caused distress to the patients concerned.
- Patients with long-term conditions were not always offered a structured annual review to check their health and medicines needs were being met.
- The practice did not have clear systems in place to ensure staff worked within the limits of their competency or to review their performance.

We rated the practice as **good** for caring. This is because:

- Staff treated patients with kindness, respect and compassion.
- There were systems in place to support carers.

We rated the practice as **requires improvement** for responsive because:

- There was a pattern of complaints relating to access to the service and availability of appointments and difficulty with getting through to the practice by phone.
- Due to significant staffing issues people had not always been able to access care and treatment in a timely way.
- All the staff we spoke with on the day of the inspection considered there were not sufficient GPs available at the practice to meet patient demand and that patients had complained about the lack of available appointments provided by a GP.

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

- Structures, processes systems to support good governance and management were not always effective.
- Due to significant staffing and recruitment issues and the Covid-19 pandemic, the practice had not been in a position to monitor progress against the delivery of their strategic aims.
- There was no evidence that the quality of access had been monitored or improvements made.

# Overall summary

- Staff we spoke with told us they enjoyed working at the practice and most felt supported in their work. They told us there had been significant staff changes and challenges. However, they told us significant improvements had been made in the leadership of the practice due to the recent recruitment of an advanced clinical practitioner, who had implemented a number of changes to improve patient care safety.
- The impact of changes in staffing on safety and staff morale had not been risk assessed or monitored.
- There was no evidence that formal arrangements had been developed or implemented to provide effective staff cover.

We found two 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.

Whilst we found no breaches of regulations, the provider **should**:

- Complete the identified actions in the fire and infection prevention and control risk assessments. For example remove the hooks for the fire doors, and repair or replace the couches.
- Develop an induction or competency checklist tailored to individual staff roles.
- Increase the number of carers identified.

**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 undertook a site visit and spoke with staff, supported by a second CQC inspector. The team also included a member of the CQC medicines team who undertook a site visit, spoke with staff and completed records reviews and 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 Adam House Medical Centre

Adam House Medical Centre is located in Sandiacre at

85 – 91 Derby Road

Sandiacre

Nottingham

Nottinghamshire

NG10 5HZ

The practice has a branch surgery at:

Hillside Medical Centre

162 Nottingham Road

Stapleford

Nottingham

Nottinghamshire

NG9 8AR

The provider is registered with Care Quality Commission (CQC) to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients at the time of the inspection however can only access services at Adam House Medical Centre as the branch site is currently closed.

The practice is a member of the NHS Derby and Derbyshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 7,086 patients. This is part of a contract held with NHS England. The practice is part of Erewash Primary Care Network, a wider network of 13 GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (seven 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, 96.2% White, 1.9% Asian, 1.2% Mixed, 0.6% Black and 0.1% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of two GP partners (one currently on long term absence), a part time locum GP, a full time and a part time advanced clinical practitioners, a part time pharmacist, a full time and a part time practice nurse and two full time health care assistants. The clinical staff are supported by a practice manager, deputy practice manager, and a team of reception/administration staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

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 a choice of either the main GP location.

Extended access is provided locally by Erewash Health Partnership, where late evening and weekend appointments are available. Out of hours services are provided by Derbyshire Health United.

Further information about the practice is available via their website at: [www.adamhousemedicalgroup.co.uk](http://www.adamhousemedicalgroup.co.uk)

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The process for carrying out medicine reviews was not comprehensive as not all clinicians were always reviewing all prescribed medicines during reviews.</li><li>• Information in the patient records was not always accurate, up to date or read coded correctly.</li><li>• Clinicians did not always review and act upon blood results in a timely manner.</li><li>• The provider had not incorporated legacy medicine alerts into their routine clinical practice, to ensure the combinations of medicines were prescribed safely.</li><li>• The provider could not demonstrate that clinical staff followed best current practice guidelines including the National Institute of Clinical Excellence (NICE) guidelines when reviewing patients with long term conditions.</li><li>• The provider was not able to meet the needs of the practice population, as patients were unable to get appointments.</li></ul> <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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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 provider did not have effective processes for managing information within the practice. There had been a lack of oversight of information being received by the practice.
- The provider had not assessed and monitored the impact on safety resulting from the backlog of work or prioritised the work.
- The provider had a limited programme of clinical or internal review and could not demonstrate that the performance of clinical staff was reviewed.
- The practice did not have a system in place to demonstrate their assurance of the competence of non-medical prescribers.
- The provider had not assessed the impact the significant staffing issues had on the practice's ability to deliver care and treatment in a timely way.

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