

# North Thoresby Practice

## Inspection report

Highfield Road  
North Thoresby  
Grimsby  
DN36 5RT  
Tel: 01472840202

Date of inspection visit: 29 November 2023  
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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?	Requires Improvement	
Are services well-led?	Requires Improvement	

# Overall summary

We carried out an announced comprehensive inspection at North Thoresby Practice on 29 November 2023. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Requires Improvement

Caring - Good

Responsive - Requires improvement

Well-led - Requires Improvement

Following our previous inspection on 17 December 2015, the practice was rated as good overall and for all key questions.

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

## Why we carried out this inspection

We carried out this comprehensive inspection in line with our inspection priorities as the practice had not been inspected since December 2015. During our inspection we reviewed our 5 key questions of safe, effective, caring, responsive and well led.

## 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.
- To ensure we gathered staff feedback we used a questionnaire which was given to staff electronically via email.
- 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 remotely to identify issues and clarify actions taken by the provider.
- Requesting evidence to be submitted to us electronically from the provider.
- Interview with a care home covered by the practice.
- A site visit.

## Our findings

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.

# Overall summary

We found that:

- The arrangements for managing medicines did not always keep patients safe.
- The systems in place for managing historical safety alerts were not always effective.
- Patients with long-term conditions did not always have monitoring and reviews of their care and treatment in line with best practice guidance.
- Patients' needs were not always assessed, and care and treatment were not always delivered in line with current legislation.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Leaders could not always demonstrate that they had all the skills to deliver high quality sustainable care.
- The overall governance arrangements required strengthening.

We rated the provider as Requires Improvement for providing safe services. This was because:

- The practice did not have all the systems and processes in place to keep people safe which included the management of medicines.
- Recruitment procedures required improvements.
- There was poor oversight and maintenance of the premises including fire, legionella, health, and safety.
- The systems in place for managing historical safety alerts were not always effective.

We rated the provider as Requires Improvement for providing effective services. This was because: -

- Patients were not always assessed, and care and treatment were not always delivered in line with current guidance.
- Some patients did not always receive medicine reviews in line with national guidance.
- There was no formalised performance monitoring of prescribing practices of non-medical prescribers or Additional Roles Reimbursement Scheme (ARRS) roles to ensure correct prescribing practices.
- The practice could not evidence that staff had completed training required for their role.
- Uptake rates for childhood immunisations and cervical screening rates were below national averages. Although we saw the practice were attempting to improve uptake rates the impact of the improvements had yet to be reflected in the data.

We rated the provider as Good for providing caring services.

We rated the provider as requires improvement for providing responsive services. This was because: -

- We recognise the pressure that practices are currently working under, and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. We saw that the practice was attempting to improve access for their patients this was not reflected in the GP patient survey data or other sources of patient feedback.

We rated the provider as requires improvement for providing a well-led service. This was because: -

- Leaders demonstrated that they had the capacity and skills, but work was required to improve systems and processes along with increased oversight of the whole practice and branch location.
- The overall governance arrangements were not effective in all areas.
- There were gaps in systems to assess, monitor and manage risks to patient safety.

# Overall summary

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

- Ensure care and treatment is provided in a safe way for service users.
- Ensure all premises and equipment used by the service provider are fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Review recruitment arrangements to include all necessary employment checks for new staff, including written references.
- Continue to monitor and improve the uptake of childhood immunisations and cervical cancer screening for eligible patients.
- Consider patient leaflets on both sites to provide information to patients.
- Policies should be regularly reviewed to ensure their relevance and efficacy.

**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 with two further CQC inspectors who undertook a site visit.

Prior to the inspection a GP specialist advisor remotely completed clinical searches and records reviews without visiting the location and the lead inspector spoke with staff using video conferencing facilities.

## Background to North Thoresby Practice

The North Thoresby Practice is located at:

Highfield Road

North Thoresby,

Lincs

DN36 5RT

The practice has a branch surgery at:

Holton-le-Clay Surgery

Lancaster Gate

Holton-le-Clay

Lincs

DN36 5YS

The North Thoresby Practice is a rural/semi-rural Lincolnshire General Medical Services (GMS) Practice offering Primary care services for the diagnosis and prevention of disease. The Practice provides healthcare services to our 9058 registered patients living within North Thoresby, Holton-le-Clay and the surrounding areas. The Practice Boundary covers a wide geographical area, with care given to residents from a few local villages across the counties of Lincolnshire and North-East Lincolnshire

The practice is a dispensing practice and dispense from North Thoresby to 50% of patients. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

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

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Lincolnshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 9,508. This is part of a contract held with NHS England.

The practice was part of a network of GP practices and were a member of East Lindsey Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (two 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 was 87% white or mixed race.

The practice had 31% of patients registered at the practice over 65 year of age and 15% under the age of 18 years of age. There are more male patients registered at the practice compared to females.

There is a team of 7 GP partners who work together at both North Thoresby Surgery and Holton-le-Clay Branch Surgery to cover a large rural area. The GPs are supported at the practice by 1 operations manager, 1 administration manager, 1 reception manager along with a housekeeping team and a team of reception/administration staff. The practice has a team of 5 nurses, 1 health care support worker, 1 nursing associate, 4 phlebotomists. The dispensary staff include 1 dispensary manager along with a team of dispensers and a delivery driver.

The GPs also had several staff through the Additional Roles Reimbursement Scheme (ARRs). For example, 1 musculoskeletal (MSK) practitioner, 1 part time care co-ordinator, 1 clinical pharmacist and 1 pharmacy technician.

The practice is open between 8am to 8pm Monday, 8am to 7pm Tuesday and Wednesday, and 8am to 6.30pm Thursday and Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, many GP appointments had been telephone consultations.

Out Of Hours Service (OOH) in North Thoresby is subcontracted by Lincolnshire Community Health Services (LCHS) to Grimsby Core Care Links (CCL).

Louth Urgent Care Centre the closest Lincolnshire Primary Care Centre located under eight miles from North Thoresby accessed via the A16. The centre is open 24 hours a day.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The searches and review of the clinical records found care to service users was not always delivered in line with best practice guidance.</li><li>• The searches and review of a sample of clinical records found that service users with a long-term condition had not always been identified and coded in the patient record system. Service users were overdue for their required monitoring checks and blood tests.</li><li>• The system in place for recording and acting on historic safety alerts was not effective.</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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Regulation 15 HSCA (RA) Regulations 2014 Premises and Equipment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to ensure that all the premises used by the serviced were properly maintained:</p> <p>Not all risk assessments, relating the main site and branch surgery comprehensively addressed all areas with clear plans for action required to remove or mitigate risks relating to both premises.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### 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

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#### **How the regulation was not being met:**

The provider did not have oversight of all systems and processes to ensure all governance arrangements, risk management and clinical risks were removed or mitigated.

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