

Elmwood Medical Centre

Inspection report

7 Burlington Road
Buxton
SK17 9AY
Tel: 0129823019

Date of inspection visit: 23 - 27 January 2023
Date of publication: 14/03/2023

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?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Inadequate	

Overall summary

We carried out an unannounced comprehensive inspection at Elmwood Medical Centre from 23-27 January 2023. Overall, the practice is rated as inadequate. We rated the practice as inadequate for providing a safe and well-led service, requires improvement for providing an effective and responsive service and good for providing a caring service.

Following our previous inspection on 5 March 2018, 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 Elmwood Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in response to concerns shared with the CQC. It was a comprehensive inspection which looked at:

- The key questions safe, effective, caring, responsive and well-led.

How we carried out the inspection

This inspection was an unannounced onsite inspection and included:

- Conducting staff interviews.
- 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 patients' records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- Staff feedback questionnaires.
- Interviews with local care homes and a representative from the Patient Participation Group.

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.

We rated the practice as inadequate for providing a safe service because:

- Systems did not fully support the safeguarding of children and vulnerable adults.
- Assurances that staff employed by the Primary Care Network and working in the practice had been recruited in accordance with Regulations had not been gained.
- Systems for assessing the immunisation status of non-clinical staff were not in place.
- Risk assessments had not always been completed or shared with staff to assess and manage risks.
- Findings from the practice's infection control and prevention audits and risk assessments had not been acted on in a timely manner. Water temperatures had not been recorded in line with the legionella risk assessment since September 2022. Sharps bins were not always dated in line with national guidance.
- Staff told us that staffing levels were not adequate to meet the demands of the service. Some staff expressed concerns that despite invites to training and support from the safeguarding lead for GoToDoc Ltd, they did not feel they had been adequately trained to carry out their lead roles in safeguarding.

Overall summary

- Patients' records were not always managed in line with current guidance.
- There was a backlog in the summarising of notes and, the scanning and coding of hospital discharge letters.
- A system of clinical supervision or peer review was not in place for non-clinical prescribers.
- Patients prescribed high-risk medicines or patients prescribed medicines for their long-term conditions had not always received the required monitoring.

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

- A representative of a care home expressed concern about a 2-month delay in providing their residents with flu vaccinations over the winter period.
- The system in place to offer annual reviews to check the health and medicine needs for patients was not always effective.
- Systems for following up on patients with undiagnosed diabetes were not always effective.
- Patients with long-term conditions were not always reviewed to ensure their treatment was optimised in line with national guidance.
- We found over 200 hospital letters waiting to be scanned and coded on the day of our onsite inspection.
- Some staff told us they did not feel they had received adequate training during their induction to carry out their roles and that the training had been rushed. Staff expressed concerns about who would support and train new staff due to the loss of experienced staff.
- Formal clinical supervision was not in place to support staff working in advanced roles. Oversight and supervision of long-term locum GPs was carried out mostly remotely.

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

- Staff treated patients with kindness, respect and compassion and helped patients to be involved in decisions about care and treatment.

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

- Patients did not always receive the care they needed within a timely manner including flu immunisations for patients living in a care home.
- The provider had not acted in line with their own complaints policy and informed patients they could take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) if they were unhappy with the outcome of the investigation of their complaint.

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

- The delivery of high-quality care was not assured by the leadership, governance or culture within the practice
- Most staff told us that the provider was not visible and that they did not feel valued or listened to by the provider.
- There was a plan in place to support transformation in the practice however, the impact of the actions did not align with what staff told us or patients' responses. This had led to an ongoing reduction in the practice's patient list size in contrast to the other practices in Buxton.
- The provider told us there was a Freedom to Speak Up Guardian and this information had been shared with staff in various ways. However, 6 out of 7 staff members that returned CQC questionnaires to us told us they were unaware of this support meaning communication with staff had been ineffective. Some staff feared retribution for raising concerns.
- Most staff told us that staff morale was very low due to high levels of stress and work overload. Most staff told us they did not feel respected, valued, supported or listened to by the provider.

Overall summary

- Governance arrangements and policies were not always up to date, lacked clarity or not complied with. Some staff told us they were unsure of where to locate policies. The practice's Business Continuity Plan had not been updated to reflect changes within the practice.
- There were a lack of systems in place to provide appropriate onsite supervision of non-medical prescribers, agency staff and locum GPs increasing risks to patients.
- Practice risk registers and action plans had been put in place however, they did not reflect all of the risks we identified as part of our inspection.
- Required statutory notifications had not been forwarded to the CQC within a timely manner.

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**:

- Take action to improve their cervical screening uptake rate which was below the national target of 80%.
- Work with care homes to improve communication and support.
- Continue to carry out improvements to manage the heating, maintenance and water temperature within the premises.

I am placing this service in special measures. Services placed in special measures will be inspected again within 6 months. If insufficient improvements have been made such that there remains a rating of inadequate for any 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 6 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 6 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 Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Elmwood Medical Centre

Elmwood Medical Centre is located in Buxton in the Derbyshire High Peak area at:

7 Burlington Road

Buxton

Derbyshire

SK17 9AY

The provider is a partnership registered with the CQC 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 provider partnered with GoToDoc Limited (a not for profit private organisation) in April 2020 however, this did not result in the provider having to reregister with CQC.

The practice is situated within the Joined Up Care Derbyshire Integrated Care System (ICS) and delivers Personal Medical Services (PMS) to a patient population of approximately 7,127 people. This is part of a contract held with NHS England.

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

Information published by Public Health England reports the deprivation ranking within the practice population group is in the 7th decile (7 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 97.7% of the registered patients, with estimates of 0.9% Asian, 0.3% Black, 1% mixed and 0.1% other.

The age distribution of the practice population is comparable with local and national averages.

There are 3 long-term locum GPs, a nurse practitioner, a practice nurse and a healthcare support worker. The clinical staff are supported by 2 operations manager and a team of reception and administrative staff.

The practice is 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.

Extended access is provided locally by Derbyshire Dales PCN, where late evening and weekend appointments are available. Out of hours services are provided by Derbyshire Health United (DHU).

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Systems to ensure the timeliness of the scanning and coding of letters received from secondary care were ineffective.• Governance arrangements and policies were not always up to date. In particular, the business continuity plan and the recruitment policy.• Governance systems operated ineffectively in that they failed to ensure policies and procedures were adhered to. In particular, the complaints policy and the cold chain policy.• Systems to support infection prevention and control measures did not always comply with national guidance. In particular, management of sharps bins, monitoring of water temperatures in line with the legionella risk assessment and assessment of staff immunisations in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• Transformation and succession planning had failed to adequately address identified risks. In particular, the practice's patient list size continued to decrease, staff morale remained very low and staff felt they were not provided with adequate training to carry out their roles.• Most staff felt they were not listened to or that their concerns were acted on. Most staff felt unvalued and that the provider was not visible in the practice.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Enforcement actions

- Some staff feared retribution for speaking out. Most staff were unaware if there was a Freedom to Speak Up Guardian to support them to raise concerns.
- Systems were not in place to ensure statutory notifications, following police involvement at the practice, were forwarded to the CQC.
- Staff had not always been identified for lead roles within the practice to provide clarity and accountability. In particular, an infection prevention and control lead. Safeguarding leads were unaware who followed up children that frequently attended A&E or failed to attend hospital appointments.

This was in breach of Regulation 17 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 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met

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:

- A risk assessment to determine if and when a new Disclosure and Barring Service (DBS) check was required for staff working in the practice had not been completed.
- Risk assessments to mitigate potential risks to patients and staff were not in place or shared with staff when staff immunisation histories had not been assessed in line with current UK Health and Security Agency (UKHSA) guidance. Risk assessments had not been shared with staff in the absence of evidence of immunity to hepatitis B.
- Risk assessments to mitigate potential risks to patients in the absence of 4 of the suggested emergency medicines were not in place.
- An action plan to mitigate risks identified in the legionella risk assessment had not been completed.

Enforcement actions

- Action plans to address issues identified through infection prevention and control (IPC) audits dating back to June 2021 had not been actioned in a timely manner. In particular, the need to replace carpets and fabric seats in the waiting room.

There was no proper and safe management of medicines. In particular:

- Medicines and Healthcare products Regulatory Agency alerts were not always adhered to in relation to high-risk medicines and medicine reviews were overdue. In particular, a medicine used in the treatment of inflammatory conditions, such as rheumatoid arthritis.
- The required blood test monitoring for 23 out of 56 patients prescribed an aldosterone antagonist had not always been completed.
- Medicine reviews did not always include a review of all the repeat medicines patients were prescribed.
- Effective systems for monitoring and supporting the prescribing of non-medical prescribers through clinical supervision were not in place.

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

- Patients with long-term conditions were not always reviewed to ensure their treatment was optimised in line with national guidance. In particular, patients with chronic kidney disease stage 4 or 5, patients with hypothyroidism, diabetic patients with diabetic retinopathy and patients with asthma that had been prescribed 2 or more courses of rescue steroids to treat exacerbations of their asthma.
- Systems did not fully support the safeguarding of children and vulnerable adults. In particular, safeguarding alerts in patient records, maintenance of safeguarding lists and adequate support and training for staff in lead safeguarding roles.
- Assurances that staff employed by the Primary Care Network and working in the practice had been recruited in accordance with Regulations had not been gained.

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