

Heacham Group Practice

Inspection report

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Heacham
Kings Lynn
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Date of inspection visit: 8 March 2022
Date of publication: 14/04/2022

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?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at Heacham Group Practice on 8 March 2022. Overall, the practice is rated as inadequate. As a result of the concerns identified we issued a Section 29 warning notice on 24 March 2022 in relation to a breach of Regulation 12 Safe Care and Treatment.

Ratings for each key question are:

Safe - Inadequate

Effective – Inadequate

Caring – Good

Responsive – Requires Improvement

Well-led - Inadequate

Following our previous inspection on 25 October 2016, 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 Heacham Group Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection. We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Norfolk and Waveney. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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
- 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

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 have rated this practice as Inadequate overall

We found that:

- We found the practice leadership had failed to ensure the practice was led and managed in a way that promoted the delivery of high-quality, person-centre care.
- The practice did not provide care in a way that kept all patients safe and protected them from avoidable harm.
- Not all patients received effective care and treatment that met their needs.
- The practice did not ensure that all medicines were prescribed safely to all patients.
- The practice failed to ensure they had clear oversight that staff had received appropriate training and competency assessments.
- The practice did not have an adequate system to learn and make improvements when things went wrong.
- The process and system to manage complaints was inadequate.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way however, published data reflected that patient satisfaction had deteriorated over time.

We found breaches of Regulations Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

For further information see the requirement notice and enforcement section at the end of this report.

In addition to the breaches of regulations, the provider **should**:

- Continue to identify patients who are carers and ensure appropriate support is offered to them.
- To review the system and process to ensure all patients with a learning disability receive an annual review.
- Encourage patients to uptake their appointments of the national cervical cancer screening programme
- Review and monitor the GP patient survey data to make and monitor improvements to patients' satisfaction.
- Improve the system and process to engage with patients to form a patient participation group.

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 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.

Overall summary

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 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

Our inspection team

Our inspection team was led by a CQC inspector who completed a site visit along with a CQC pharmacist specialist who also spoke with staff. An additional CQC inspector spoke with staff using video conferencing facilities. The team included a GP specialist advisor who completed clinical searches and records reviews along with interviews of staff remotely.

Background to Heacham Group Practice

Heacham Group Practice is located in Heacham at:

45 Station Road

Heacham

King's Lynn

PE31 7EX

The practice has a branch surgery at:

Snettisham Surgery

Common Road

Snettisham

King's Lynn

PE31 7PE.

We also visited the branch surgery during our inspection.

There is a dispensary on site at Heacham.

The provider is registered with CQC to deliver the Regulated Activities

- treatment of disease, disorder or injury
- surgical procedures
- diagnostic and screening procedures
- maternity and midwifery services
- Family planning services.

The practice is situated within the Norfolk and Waveney Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 7720 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices Coastal Primary Care Network(PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the sixth highest decile (six 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 99% White and 1% Asian.

The age distribution of the practice demonstrates that there is a higher than average older population as compared to local and national averages.

There is a team of 6 GPs who provide cover at both practices. The practice has a team of 4 nurses who provide nurse led clinic's for long-term condition of use of both the main and the branch locations, one nursing associate, one care home matron, two healthcare assistants. The GPs are supported at the practice by a team of reception/administration staff. 1 dispensary assistant, one dispensary technician, and a prescribing clerk. The practice manager and PA 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 or the branch surgery.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided by IC24.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The practice failed to demonstrate they had an effective quality improvement programme in place, which would ensure safe and effective care to all patients.
Maternity and midwifery services	The practice failed to demonstrate they received and acted on complaints and failed to demonstrate they took appropriate action.
Surgical procedures	The practice system and process to ensure all staff were recruited safely had failed to ensure all checks were undertaken within an appropriate timescale. Where checks had not been completed, staff risk assessments were not in place.
Treatment of disease, disorder or injury	The practice did not demonstrate that all staff had received appropriate support, training, appraisal and assessment to ensure they were able to carry out their duties.
	The practice failed to demonstrate they record meetings with sufficient detail to ensure information and learning was shared to all staff
	This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 12 CQC (Registration) Regulations 2009
Family planning services	Statement of purpose
Maternity and midwifery services	As a result of the concerns identified we issued a Section 29 warning notice on 24 March 2022 in relation to a breach of Regulation 12 Safe Care and Treatment.
Surgical procedures	Care and treatment must be provided in a safe way for service users
Treatment of disease, disorder or injury	We found; The systems and processes in place were not effective to support safe use of medicines. Not all patients prescribed high risk medicines had been monitored appropriately. There was not an effective system to manage patient safety alerts. The practice did not evidence that regular, appropriate and comprehensive medicine reviews were undertaken. The practice had not undertaken a comprehensive risk assessment of the practice delivery service to any risks. The system and processes in place did not support safe recruitment of new staff. The practice did not evidence clear oversight to ensure all staff had received appropriate training. There was no system to ensure competency checks were undertaken to ensure staff were competent to undertake their duties. The practice did not have an effective system and process to ensure that when things went wrong, learning was shared, and actions taken to make improvements. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.