

Welland Medical Practice

Inspection report

144 Eye Road
Peterborough
Cambridgeshire
PE1 4SG
Tel: 01733 615090
www.wellandmedicalpractice.co.uk






Date of inspection visit: 29 November 2018
Date of publication: 14/01/2019

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?	Requires improvement 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Welland Medical Practice on 29 November 2018 as part of our inspection programme. The practice was previously inspected in April 2016 and rated as good overall and for providing effective, caring, responsive and well led services and rated as requires improvement for providing safe services. We undertook a desk top review of the safe domain in September 2016 and rated the practice as good for providing safe services.

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

Our judgement of the quality of care at this service is based 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 concluded that:

- Patients were supported, treated with dignity and respect and were involved as partners in their care.
- The practice operated from premises that no longer met the needs of the local population. The practice was actively working with the Clinical Commissioning Group to ensure that new premises that were being built nearby were completed and they told us they should move into them by end of April 2019.

However, we also found that:

- People were not adequately protected from avoidable harm and abuse.
- There was insufficient assurance that people received effective care and treatment.
- The leadership, governance and culture of the practice did not assure the delivery of high quality care.
- Some legal requirements were not met.

We rated the practice as **inadequate** for providing safe services because:

- The practice failed to evidence they had recruited staff safely.
- The practice did not provide evidence to demonstrate they had an effective induction system in place for new staff members. The provider had not ensured all staff had been appropriately trained to undertake the clinical tasks delegated to them.

- The practice had not ensured patient specific directions were signed prior to the healthcare assistant administering injections.
- GPs did not regularly attend safeguarding or multidisciplinary meetings that were held to discuss their patients. Minutes of the meetings were circulated to the GPs after the meeting for information.
- The practice was up to date on the summarising of medical records but they did not have a system in place to ensure they monitored the quality of the coding made by non-clinical staff or a system in place to monitor any delays in referrals and mitigate any risks.
- The practice had not implemented effective systems to ensure appropriate and safe handling of medicines or emergency medicines.
- The practice systems and processes to ensure all actions identified from significant events were actioned and monitored needed to be improved. There was no clear evidence to demonstrate identified learning was shared with the whole practice team.
- The practice had not undertaken regular water sample tests and could not provide evidence to demonstrate they regularly undertook water temperature tests to monitor and manage the risk of Legionella.

We rated the practice as **inadequate** for providing effective services because:

- The monitoring of some of the outcomes of care and treatment needed to be improved. For example, the practice performance in relation to prescribing hypnotics was above the CCG and national average. The practice had not undertaken any reviews or monitoring such as clinical audit to ensure they were prescribing effectively.
- The provider did not demonstrate that all staff had the skills, knowledge and experience to carry out their roles. The management team did not have clear clinical oversight of the training needs and competency of staff.
- Due to the shortage of trained staff, the practice had offered limited access to appropriate health assessments and checks including NHS checks for patients aged 40-74. For example, the practice had undertaken 11 NHS reviews, and no reviews for carers or reviews for patients with learning disabilities.

Overall summary

- The practice held regular monthly meetings with the health visitor and school nurse to discuss concerns however the GPs did not regularly attend these meetings but kept up to date via the minutes that were recorded and shared with them.
- The practice had not reviewed the uptake of the national screening programme in relation to breast and bowel cancer. Both indicators were below the CCG and national averages, the practice did not have systems and processes in place to encourage uptake.

We rated the practice as **requires improvement** for providing caring services because:

- Generally, feedback from patients showed that staff did not always treat patients with kindness, respect and compassion.

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

- Data from the 2018 GP Patient Survey showed patients satisfaction regarding access to the practice was statistically comparable with other practices; however, most indicators were below the CCG and national averages. Some comments on NHS choices and on the comment cards we received reported negative experiences.
- The practice took complaints and concerns seriously; however, they did not always respond to them appropriately to improve the quality of care. We found little evidence to show the practice reviewed complaints or ensured actions identified were completed or learning was shared with the whole practice team.

We rated the practice as **inadequate** for providing well led services because:

- The provider had not ensured care and treatment was provided in a safe way to patients.
- People were not adequately protected from avoidable harm and abuse.
- The provider was unable to assure themselves that people received effective care and treatment.

- The leadership, governance and culture of the practice did not assure the delivery of high quality care.
- Some legal requirements were not met.

The areas where the provider **must** make improvements are:

- Ensure that 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.

The areas where the provider **should** make improvements are:

- Review the uptake of the national screening programme to encourage patients to attend their screening programmes.
- Review and improve the system to identify carers to ensure they receive appropriate support.
- Review the practice end of life care register to ensure patients are reviewed and removed from the list if appropriate.

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

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 any population group, 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.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Overall summary

We carried out an announced comprehensive inspection at Welland Medical Practice on 29 November 2018 as part of our inspection programme. The practice was previously inspected in April 2016 and rated as good overall and for providing effective, caring, responsive and well led services and rated as requires improvement for providing safe services. We undertook a desk top review of the safe domain in September 2016 and rated the practice as good for providing safe services.

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

Our judgement of the quality of care at this service is based 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 concluded that:

- Patients were supported, treated with dignity and respect and were involved as partners in their care.
- The practice operated from premises that no longer met the needs of the local population. The practice was actively working with the Clinical Commissioning Group to ensure that new premises that were being built nearby were completed and they told us they should move into them by end of April 2019.

However, we also found that:

- People were not adequately protected from avoidable harm and abuse.
- There was insufficient assurance that people received effective care and treatment.
- The leadership, governance and culture of the practice did not assure the delivery of high quality care.
- Some legal requirements were not met.

We rated the practice as **inadequate** for providing safe services because:

- The practice failed to evidence they had recruited staff safely.
- The practice did not provide evidence to demonstrate they had an effective induction system in place for new staff members. The provider had not ensured all staff had been appropriately trained to undertake the clinical tasks delegated to them.

- The practice had not ensured patient specific directions were signed prior to the healthcare assistant administering injections.
- GPs did not regularly attend safeguarding or multidisciplinary meetings that were held to discuss their patients. Minutes of the meetings were circulated to the GPs after the meeting for information.
- The practice was up to date on the summarising of medical records but they did not have a system in place to ensure they monitored the quality of the coding made by non-clinical staff or a system in place to monitor any delays in referrals and mitigate any risks.
- The practice had not implemented effective systems to ensure appropriate and safe handling of medicines or emergency medicines.
- The practice systems and processes to ensure all actions identified from significant events were actioned and monitored needed to be improved. There was no clear evidence to demonstrate identified learning was shared with the whole practice team.
- The practice had not undertaken regular water sample tests and could not provide evidence to demonstrate they regularly undertook water temperature tests to monitor and manage the risk of Legionella.

We rated the practice as **inadequate** for providing effective services because:

- The monitoring of some of the outcomes of care and treatment needed to be improved. For example, the practice performance in relation to prescribing hypnotics was above the CCG and national average. The practice had not undertaken any reviews or monitoring such as clinical audit to ensure they were prescribing effectively.
- The provider did not demonstrate that all staff had the skills, knowledge and experience to carry out their roles. The management team did not have clear clinical oversight of the training needs and competency of staff.
- Due to the shortage of trained staff, the practice had offered limited access to appropriate health assessments and checks including NHS checks for patients aged 40-74. For example, the practice had undertaken 11 NHS reviews, and no reviews for carers or reviews for patients with learning disabilities.

Overall summary

- The practice held regular monthly meetings with the health visitor and school nurse to discuss concerns however the GPs did not regularly attend these meetings but kept up to date via the minutes that were recorded and shared with them.
- The practice had not reviewed the uptake of the national screening programme in relation to breast and bowel cancer. Both indicators were below the CCG and national averages, the practice did not have systems and processes in place to encourage uptake.

We rated the practice as **requires improvement** for providing caring services because:

- Generally, feedback from patients showed that staff did not always treat patients with kindness, respect and compassion.

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

- Data from the 2018 GP Patient Survey showed patients satisfaction regarding access to the practice was statistically comparable with other practices; however, most indicators were below the CCG and national averages. Some comments on NHS choices and on the comment cards we received reported negative experiences.
- The practice took complaints and concerns seriously; however, they did not always respond to them appropriately to improve the quality of care. We found little evidence to show the practice reviewed complaints or ensured actions identified were completed or learning was shared with the whole practice team.

We rated the practice as **inadequate** for providing well led services because:

- The provider had not ensured care and treatment was provided in a safe way to patients.
- People were not adequately protected from avoidable harm and abuse.
- The provider was unable to assure themselves that people received effective care and treatment.

- The leadership, governance and culture of the practice did not assure the delivery of high quality care.
- Some legal requirements were not met.

The areas where the provider **must** make improvements are:

- Ensure that 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.

The areas where the provider **should** make improvements are:

- Review the uptake of the national screening programme to encourage patients to attend their screening programmes.
- Review and improve the system to identify carers to ensure they receive appropriate support.
- Review the practice end of life care register to ensure patients are reviewed and removed from the list if appropriate.

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

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 any population group, 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.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to Welland Medical Practice

- The name of the registered provider is Welland Medical Practice.
- The address of the location is 144 Eye Road Peterborough Cambridgeshire PE1 4SG.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- Welland Medical practice provides services to approximately 3,900 patients.
- The practice has four GP partners (two female and two male) and one female salaried GPs. There is a management team including an assistant practice manager. There is not a practice manager in post and the partners retain the responsibility of the management and oversight of the practice. The practice employs one female nurse practitioner and one male health care assistant. Other staff includes administration and reception staff.
- The practice holds a General Medical Services contract with NHS England.
- The practice is open between 8.30am and 6pm Monday to Friday. Appointments can be booked in advance and the practice was part of a local scheme to offer appointments in the evening and on weekend mornings. Urgent appointments are available for people that need them. Online appointments are available to book in advance.
- When the practice is closed patients are automatically diverted to the GP out of hours service provided by Herts Urgent Care. Patients can also access advice via the NHS 111 service.
- We reviewed the most recent data available to us from Public Health England which showed the practice has a larger number of patients aged 0 to 65 years old compared with the national average. It has a lower number of patients aged 65 and over compared to the national average.
- Income deprivation affecting children is 30%, which is higher than the CCG average of 13% and the national average of 20%. Income deprivation affecting older people is 28%, which is higher than the CCG average of 14% and lower than the national average of 20%. Life expectancy for patients at the practice is 77 years for males and 82 years for females; this is comparable to the CCG and England expectancy which is 80 years for males and 83 years for females.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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	There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.
Maternity and midwifery services	In particular we found:
Surgical procedures	The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular to the management of emergency medicines, medicines management and staff training.
Treatment of disease, disorder or injury	The practice did not have systems and process to monitor the quality of the filing and coding of patient correspondence and medical record summaries.
	The system and process for managing significant events and incident reporting did not evidence that actions were always taken and monitored or that learning was shared effectively.
	The system and process for complaints did not evidence patients always received a written response and were not informed of other agencies to contact should they wish to further their complaint.
	There was a lack of evidence to show that actions were always taken and monitored or that learning was shared effectively.
	The practice had not ensured that patients with learning disabilities had been fully reviewed in the past 12 months.
	The practice had not reviewed the low patient satisfaction from the GP patient survey data July 2018 and did not have an action plan to improve patient satisfaction in relation to care and treatment received and access to appointments.

This section is primarily information for the provider

Requirement notices

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider had failed to ensure the proper and safe management of medicines;
Maternity and midwifery services	The provider had failed to ensure that persons providing care or treatment had been employed safely.
Surgical procedures	The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.
Treatment of disease, disorder or injury	The provider had failed to ensure that a Patient Specific Direction was signed prior to the vaccination had been being given to a patient.
	This is a national requirement. The provider had not undertaken a risk assessment in relation to the emergency medicines that may be required by the practice.
	This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.