

Nettleham Medical Practice

Inspection report

14 Lodge Lane
Nettleham
Lincoln
LN2 2RS
Tel: 01522751717
www.nettlehammedical.co.uk

Date of inspection visit: 05 September 2023
Date of publication: 30/01/2024

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Nettleham Medical Practice on 6 September 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement.

Effective - good.

Caring - good.

Responsive – good.

Well-led - requires improvement.

During the inspection process, the practice highlighted efforts they are making to improve outcomes and treatment for their population. These had only recently been implemented so there is not yet verified evidence to show they were working.

As such, the ratings for this inspection have not been impacted. However, we continue to monitor the data and where we see potential changes, we will follow these up with the practice.

Following our previous inspection on 28 April 2016, the practice was rated outstanding overall and for key questions of effective and well led and good for safe, caring and responsive services.

At the last inspection we rated the practice as outstanding for providing effective and well-led services because:

- The practice had an on-going audit programme in place, demonstrated quality improvement, provided care based on evidence-based guidance, completed audits to monitor end life care and reviewed deceased patient care to identify any improvements required.
- The practice had a clear vision and strategy to deliver high quality care, a clear leadership structure and staff felt supported, arrangements were in place to monitor and improve quality and identify risk, processes were followed to comply with duty of candour, there was a culture of openness and honesty, systems were in place to manage safety alerts and there was a strong focus on continuous learning, training and improvement at all levels.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices or were no longer in place. While the provider had maintained some of this good practice, the threshold to achieve an outstanding rating had not been reached.

The full reports for previous inspections can be found by selecting the 'all reports' link for Nettleham Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

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.

Overall summary

This included:

- Conducting staff interviews using video conferencing.
- 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 to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Interviews with care homes covered by the practice.
- Interview with a member of 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 found that:

- The practice did not have systems and processes in place to ensure patient received safe, effective research and evidence based care.
- The provider did not have effective process in place to manage and mitigate risks related to care delivery or the environment.
- Leaders demonstrated they had the capacity and skills to lead the service, but work was required to improve systems and processes in order to improve oversight of the whole practice. The overall governance arrangements were not effective in all areas.
- Staff delivering speciality care had the skills, knowledge and experience to carry out their roles. Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had a clear vision, staff reported that they felt able to raise concerns and when people were affected by things that went wrong, they were given an apology and informed of any resulting actions.
- The practice was actively engaged with research projects and had systems and processes for learning, continuous improvement and innovation.

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.

The provider **should** also:

- Take steps to improve staff understanding of responsibility to ensure General Data Protection Regulation (GDPR) is followed.

Overall summary

- Improve staff awareness of documentation required on Do not attempt cardiopulmonary resuscitation (DNACPR) forms.
- Improve the system in place to manage Patient Group Directives.
- Take steps to ensure all meeting minutes include staff present and are dated appropriately.
- Take action to improve the availability of information to patients and carers in relation to health information and support.
- Take action to validate safeguarding registers with local authority information.

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 who spoke with staff using video conferencing facilities and undertook a site visit. The team included 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 Nettleham Medical Practice

Nettleham Medical Practice is located at:

14 Lodge Lane

Nettleham,

Lincoln

Lincolnshire

LN2 2RS

The practice has a branch surgery at:

Branch Surgery

The Parade,

Cherry,

Willingham

LN3 4JL

Nettleham Medical Practice provides primary medical services to Nettleham and surrounding villages in Lincolnshire. During our inspection we visited both the main and branch site.

The practice also provides services to patients residing in 4 care homes in the surrounding area, 1 of which cares for patients with learning disabilities.

The practice has a dispensary on site at Nettleham Medical Practice.

During our inspection we carried out site visits to both the main and branch site.

Nettleham Medical Practice is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning, maternity and midwifery services and surgical procedures.

The practice is a training practice and delivers training to GP registrars, nurses and teaching sessions to medical students as part of a partnership between the Universities of Nottingham and Lincoln.

Nettleham Medical Practice is also a research and an Armed Forces Veteran friendly accredited GP practice.

The practice offers a range of appointments and 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 Board and delivers General Medical Services (GMS) to a patient population of about 12,600. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as IMP Primary Care Network.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the highest decile (10 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 97.4% White, 1.3% Asian, 0.4% Black, 0.82% Mixed, and 0.1% Other.

At the time of our inspection the practice employed a team of male and female GPs which consisted of 5 GP partners and 6 associate GPs. They are supported by a practice manager, a dispensary lead, a personnel and compliance manager, a nurse manager, 2 nurse practitioners, a physicians' associate, 4 practice nurses, 2 health care assistants, a phlebotomist and a team of support staff.

The practice has a higher population of patients over 65 years of age than the local and national averages.

Enhanced access appointments were available at local GP practices within the PCN up to 8 pm Monday to Friday and Saturday 8.30am to 9 pm.

Out- of- hours services are provided by Lincolnshire Community Health Services NHS Trust, accessible through NHS 111.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes had not been established or had not operated effectively to ensure compliance with the requirements of good governance.</p> <p>The registered person had ineffective systems and processes in place to identify, manage and mitigate risks relating to the health, safety and welfare of people using services.</p> <p>The provider did not have effective systems and processes in place to improve oversight, management and governance of the service by the leadership team.</p> <p>This was in breach of Regulation 17(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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>The provider had not ensured that care and treatment was provided in a safe way. In particular:</p> <p>The provider had failed to monitor and mitigate identified risks and failed to identify all risks within the practice. For example, the risks associated with Legionella, ligatures, fire, infection prevention and control, lack of and assurance around emergency drugs and emergency equipment were not effective and monitoring was not always carried out by appropriately trained staff.</p> <p>Essential training had not been identified appropriately, completed or completed at the correct level for all staff.</p>

Requirement notices

The provider's recruitment policy had not always been followed; staff vaccinations were not recorded in line with legislation.

The registered manager did not have systems in place to assure the staff would be able to respond appropriately to a medical emergency, equipment was not all checked for accuracy and could be removed by staff from the emergency trolley as it was not sealed.

Patients taking regular medicines were not always being monitored or managed in line with national guidance.

The system to ensure patient safety alerts were actioned appropriately initially and repeated regularly was not effective.

Medicine reviews were carried out without considering appropriate safety alerts and blood test results prior to prescribing.

Patients with long term conditions, undiagnosed conditions or had suffered an exacerbation of asthma were not always being monitored, identified or managed in line with national guidance.

Current legislation and evidence based guidelines were not always embedded in patient pathways.

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