

Highley Medical Centre

Inspection report

Bridgnorth Road
Highley
Bridgnorth
WV16 6HG
Tel: 01746861572

Date of inspection visit: 15 November 2021
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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

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 a comprehensive announced inspection at Highley Medical Centre on 15 November 2021. Overall, the practice is rated as inadequate. It is rated as:

- Inadequate for providing safe care and treatment
- Requires improvement for providing effective care
- Good for caring
- Requires improvement for providing responsive care
- Inadequate for well-led

Following our previous inspection on 17 May 2016, under a previous registered provider, the practice was rated Good overall and good for all five key questions. The archived reports for previous inspections can be found by selecting the 'all reports' link for Highley Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection following changes in registration and legal entity and concerns we had received in relation to care and treatment and good governance.

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 and on site and a staff questionnaire
- 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

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 rated the practice as **inadequate** for providing safe care and treatment. This is because:

Overall summary

- The practice was unable to provide assurances that all staff had completed safeguarding and other training in safe working practices.
- The practice had not always acted effectively on potential safeguarding information.
- Recruitment checks were not carried out in accordance with regulations.
- The systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk were not effective.
- Not all staff had received a formal, structured induction appropriate to their role.
- Patients prescribed high risk medicines had not always received the required blood test monitoring in line with best practice guidance and number of patients were overdue a medicine review.
- Systems for recording significant events did not always identify the learning, actions or trends and there were missed opportunities to raise and analyse significant events.
- Not all of the suggested emergency medicines or equipment was available in the event of a medical emergency. No risk assessment had been undertaken for not stocking the suggested emergency medicines or equipment.
- The system to review and act on patient safety alerts was not effective.
- Evidence that staff vaccination and immunity for potential health care acquired infections was not recorded or risk assessed for all staff files.

We rated the practice as **requires improvement** for providing an effective service. This was because:

- Patients with long-term conditions were not always offered a structured annual review to check their health and medicines needs were being met.
- Clinicians had not always worked in line with national guidance or acted on patient safety alerts.
- Clinicians had not always informed patients about abnormal results and referrals to secondary care which may have impacted on their health.
- There was no overarching system in place to monitor compliance with staff training therefore the practice was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.
- The practice did not have formalised systems in place to ensure staff worked within the limits of their competency or to review their performance.
- Quality audits had been completed however, it was not always clear if the actions identified had been implemented and if so, what the impact had been.

We rated the practice as **good** for caring. This is because:

- Staff treated patients with kindness, respect and compassion.
- There were systems in place to support carers.

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

- The practice had not always been responsive to the needs of their patients.
- A number of complaints had been raised by patients in relation to access to appointments, particularly face-to-face appointments.
- The practice could not always demonstrate learning from complaints and opportunities to record complaints had been missed.

We rated the practice as **inadequate** for providing a well-led service. This is because:

- Structures, processes and systems to support good governance and management were not effective.
- Leaders could not demonstrate that they had the capacity and skills to address the challenges within the practice.
- Policies to support the governance and safe running of the practice were not being adhered to, for example the recruitment policy.

Overall summary

- Effective processes for managing risks were not in place.
- The practice had not developed a succession plan for the protection of the practice, the patients and staff.
- There was no overarching system in place to identify trends in complaints or significant events or to review the effectiveness of any possible changes made within the practice.

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

- Ensure care and treatment is provided in a safe way to patients
- Ensure all premises and equipment used by the service provider is fit for use
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider **should**:

- Complete the identified actions in the external health and safety report.
- Develop a quality improvement programme with a formalised improvement plan.

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 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.

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 lead inspector who was supported by a second CQC inspector. The team also included a GP specialist advisor who spoke with the lead GP using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Highley Medical Centre

Highley Medical Centre is located in Shropshire at:

Bridgnorth Road

Highley

Bridgnorth

Shropshire

WV16 6HG

The provider is registered with Care Quality Commission (CQC) as a partnership to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning and treatment of disease, disorder or injury and surgical procedures.

The practice is a member of the NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of 3,283 patients. This is part of a contract held with NHS England. The practice is part of South East Shropshire Primary Care Network, a wider network of GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England report deprivation within the practice population group as seven on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

According to the latest available data, the ethnic make-up of the practice area is 98.7% White and 0.7% Asian.

The team consists of the following part-time staff: Two GP partners, a locum GP, two practice nurses, a clinical pharmacist, a locum clinical pharmacist, a health care assistant, a managing partner, an assistant practice manager, five reception/administrative staff, two domestic staff and one community and care co-ordinator.

Due to the enhanced infection prevention and control measures put in place in line with the national guidance all appointments were triaged during the height of the Covid-19 pandemic and telephone and video calls were mainly offered. From 1 October 2021 the practice reverted to offering face-to-face appointments, unless a patient requested otherwise. Any requests for a home visit were entered on a triage list for a GP to make a clinical decision as to whether a home visit was necessary.

The practice was part of a network of practices working together to offer patients extended access to pre-bookable appointments in the evenings and weekends. This service had paused during the Covid-19 pandemic. We were told this service was aiming to recommence shortly.

Out of hours services are provided by Shropshire Doctors Co-operative Ltd (Shropdoc).

Further information about the practice is available via their website at: www.highleymedicalcentre.co.uk

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 Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services Family planning services	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person had failed to ensure that all premises used by the service were properly maintained. In particular:</p> <ul style="list-style-type: none">• There was insufficient evidence of regular health and safety checks being undertaken to mitigate risks including:• fire drills• fire alarm testing• fire risk assessment• emergency lighting• servicing of equipment• portable appliance testing <p>This was in breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services Family planning services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:</p> <ul style="list-style-type: none">• The provider could not give assurance that all staff had completed essential training.• Not all staff had received an induction programme to ensure they were supported and competent to carry out their role.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury
Surgical procedures
Maternity and midwifery services
Family planning services

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- The registered person had not obtained disclosure and Barring Service (DBS) checks for staff prior to them commencing work. Risk assessments were not in place to mitigate any potential risk to patients.
- There were missing employment histories in staff files.
- There were missing references and staff conduct in previous employment had not always been checked.
- There were insufficient checks that staff had the appropriate qualifications, skills and experience necessary for the work they performed.
- Physical or mental health checks to ensure staff were able to carry out their role were not available on all staff files.
- Staff vaccination and immunity for potential health care acquired infections was not recorded or risk assessed on all staff files.

This was in breach of Regulation 19(1)(2)(3) 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. 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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The registered person had failed to provide safe care and treatment for patients prescribed high risk medicines and failed to ensure the proper and safe management of medicines as not all patients had received appropriate blood test monitoring before repeat prescriptions were issued to them. Not all patients had received an annual medicine review and there was no plan in place to address this.• The registered person had failed to provide safe care and treatment to patients who had clinical indicators for long term conditions. There had been missed diagnosis of conditions including diabetes and poor monitoring of long-term conditions including filing pathology results without taking the appropriate action or the ongoing monitoring of patients including taking the appropriate action when clinical systems indicated monitoring tests were overdue.• The registered person had failed to assess the risks to patients identified within Medicines and Healthcare products Regulatory Agency (MHRA) alerts including co-prescribing of medicines which could interact and cause harm to the patients.• The registered person had failed to provide safe care and treatment to patients who could present in an emergency as not all the suggested medicines or equipment in the event of an emergency situation was available or readily accessible.• The registered person had failed to ensure that persons providing care and treatment to service users had the qualifications, competence, skills and experience to do so safely.• The registered person had failed to assess the risks to the health and safety of service users receiving care and treatment and staff employed as there was insufficient evidence of regular health and safety checks being undertaken to mitigate risks.

Enforcement actions

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

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury
Surgical procedures
Maternity and midwifery services
Family planning services

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The registered person had failed to establish systems and processes which operated effectively to assess, monitor and improve the quality and safety of the services and mitigate the risks relating to health, safety and welfare of service users and others whom may be at risk.
- The registered person had failed to provide effective systems and processes to prevent abuse of service users. Environmental checks and risks assessments had not been regularly completed to mitigate risks. Fire drills and records were incomplete. An effective overarching system to monitor compliance with staff training was not in place.
- The registered person had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- The registered person had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving services.

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