Oulton Medical Centre

Quality Report

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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 service

Are services safe?	Inadequate
Are services effective?	
Are services caring?	
Are services responsive to people's needs?	
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oulton medical centre on 10 September 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe and well led services.

Our key findings across all the areas we inspected were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate processes were not in place to ensure patients that needed secondary or specialist care were being appropriately referred.

Subsequent to this inspection we have undertaken a comprehensive inspection on these services and taken urgent action to cancel the registration of this provider. If the registration was still current we would have required the provider to make improvements to protect patients.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?
We found that some systems and processes did not keep patients safe. These were in relation to referring patients that needed specialist secondary care, not transferring important details from meetings onto patient records and inefficient use of a electronic system that resulted in duplicate prescriptions being issued.

Inadequate

Are services effective?
Not inspected on this focussed inspection.

Are services caring?
Not inspected on this focussed inspection.

Are services responsive to people's needs?
Not inspected on this focussed inspection.

Are services well-led?
We saw that improvements had been made since our last inspection but these were not substantial enough in several areas to keep patients safe. These are in relation to improvements needed in the areas such as recording appropriate complaints as significant events so that learning can take place, implementing on-going training to ensure that all staff can use the electronic systems effectively and implementing an effective system to refer patients to secondary or specialist care.

Inadequate

Summary of findings

What people who use the service say

National GP Patient Survey

The GP Patient Survey results (an independent survey run by Ipsos MORI on behalf of NHS England) published on (check the date for the most recent data – currently 5 July 2015) showed the following:

- 71% find it easy to get through to this surgery by phone - local (CCG) average: 81% national average: 73%
- 55% with a preferred GP usually get to see or speak to that GP - local (CCG) average: 66%, national average: 60%
- 65% describe their experience of making an appointment as good - local (CCG) average: 79%, national average: 73%)
- 47% feel they don't normally have to wait too long to be seen -Local (CCG) average: 61%, national average: 58%

We spoke with two members of the patient participation group (PPG) on the date of our inspection who told us they were very happy with the improvements that had been made and the service from the GPs'.

Areas for improvement

Action the service MUST take to improve

Review the method of referring patients to specialist care and improve the process. The process must include robust clinical oversight and a procedure to ensure that all patients receive appropriate and timely referrals.

Oulton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP specialist advisor. The team also included a practice manager specialist advisor and a second CQC inspector.

Background to Oulton Medical Centre

Oulton Medical Centre, in the Great Yarmouth and Waveney Clinical Commissioning Group (CCG) area, provides a range of primary medical services to approximately 5300 registered patients living in Oulton and the surrounding villages. They have a branch surgery called Marine Parade Surgery, which is approximately three miles away. Income deprivation affecting children and older people is slightly higher than the practice average across England. There are two GP partners, one male and one female who hold financial and managerial responsibility for the practice. The practice employs a GP locum for periods when the GP's are not available. A locum emergency care practitioner is also employed and works 8am to 4pm, two days a week, under the supervision of the GP who is working that day. There is one practice nurse who works one day per week and a health care assistant, who works 9am until 3pm, three days a week and alternates between the sites. We were told that a further health care assistant will begin work at the practice shortly and will be working three days per week. There are also five administration/reception staff, one medical secretary and one administrator/note summariser/ relief medical secretary and a practice manager. The practice operates weekdays between the hours of 8am and 7pm, with early extended hours at 7:30am on a Thursday.

Outside of practice opening hours a service is provided by another health care provider (IC24) by patients dialling the NHS 111 service. We previously inspected this location on 22 August 2014 and 2 March 2015 and found they were not meeting the Health and Social Care Act Regulations (2008) and the practice was placed in special measures on 23 April 2015.

Why we carried out this inspection

The practice had been placed in special measures for the past four months, had previous condition attached to the registration and had complied with those conditions. We inspected this service as we had received information of concern which indicated that patients may be at risk. We carried out a responsive, focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to examine concerns that had been raised by other agencies in relation to quality of care.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and other information that was available in the public domain. We also reviewed

Detailed findings

information we had received from the service and asked other organisations to share what they knew about the service. We talked to the local Clinical Commissioning Group (CCG), the NHS local area team and Healthwatch. The information they provided was used to inform the planning of the inspection.

We carried out an announced visit on 10 September 2015. During our visit we spoke with a range of staff, including the two GP partners, a health care assistant, reception and administration staff and the practice manager.

We spoke with two members of the patient participation group (PPG). PPGs are a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. We reviewed the treatment records of patients in order to effectively judge whether the care and treatment that patients received was safe and effective.

Inadequate

Are services safe?

Our findings

We looked at the system for completing letters to refer patients to secondary or specialist care. We were told that the letters were generated directly from patient records and not dictated by GPs. We spoke to a GP who confirmed non clinical staff would receive a task via an electronic system and then compose the referral, However the staff we spoke with had received no clinical training. There was no clinical oversight of the contents of the referral letters to ensure they contained correct information. The patient referral process in place was unsafe and exposed patients to risks concerning potentially delayed referrals, referrals to the wrong clinics and missing patient information within the referral letter. This risk to service users' health, safety and welfare was not being assessed or mitigated against as part of an effective system or process established to ensure compliance with the requirements.

We spoke to a community matron who told us the practice attends multidisciplinary team meetings where patients' needs were discussed. However, the GP with told us that the details of discussions about patients' needs were not transferred onto their medical records. This was required to ensure continuity of care and the availability of accurate records for each treating clinician.

We looked at a number of prescriptions that had been signed by GPs and found that there were duplicates issued for the same patient with the same prescribed medication. We spoke to a GP about this and were told that the error had arisen from a lack of familiarity in the electronic system. We spoke to the practice manager about this and we were shown evidence that further training was being organised.

We spoke to a GP regarding a child that had been given incorrect medication by injection and also examined a record that had been made of the event. We saw that learning had taken place regarding the incident and recorded in the practice system.

Are services effective?

(for example, treatment is effective)

Our findings

Are services caring?

Our findings

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We spoke to staff about the log of complaints that had been received by the practice. There were entries on the complaints register that had not been recorded as significant adverse incidents. This had not been picked up and there was therefore no effective system to assess, monitor and improve the quality and safety of the services provided, or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk arising from the carrying on of the regulated activity. The practice was therefore failing to ensure that learning ensues from incidents and that patient care is improved. We saw that improvements had been made since our last inspection but these were not substantial enough in several areas to keep patients safe. These are in relation to improvements needed in the following areas;

- Recording appropriate complaints as significant events so that learning can take place.
- Appropriate on-going training to ensure that all staff can use the electronic systems effectively.
- Implementing an effective system to refer patients to secondary or specialist care.

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 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider must review the method of referring patients to specialist care and improve the process. The process must include robust clinical oversight and a procedure to ensure that all patients that should be referred are receiving appropriate and timely referrals.**