

Ridgeway View Family Practice

Inspection report

Wroughton Health Centre
Barrett Way, Wroughton
Swindon
SN4 9LW
Tel: 01793812221

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Ridgeway View Family Practice on the 11-13 July 2022. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective - Requires improvement

Well-led - Requires improvement

Following our previous inspection on 11 December 2022 the practice was rated Good overall and for all key questions. The full reports for Ridgeway View family Practice previous inspections can be found by selecting the 'all reports' link for on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection to follow up on information received about the service.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering 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 facilities.
- Speaking with staff during the visit to the practice.
- 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 staff questionnaire.
- A site visits.

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.
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement

We found that:

Overall summary

- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. Staff had information they needed to deliver safe care and treatment.
- Staff worked together and with other organisations to deliver effective care and treatment.
- Adequate staffing levels had not yet been achieved and recruitment was ongoing. The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Appropriate standards of cleanliness and hygiene were met but auditing to ensure consistent compliance was not maintained.
- The practice learned and made improvements when things went wrong. However, there was a lack of auditable record, including root cause analysis or record to demonstrate any learning as a result and any changes in practice.
- The practice had systems for the appropriate and safe use of medicines. However, there was a lack of consistent process for monitoring patients' health in relation to the use of medicines including some high-risk medicines and medicine alerts. Ongoing monitoring was being maintained but there was a backlog of medicine reviews. Actions were being taken to follow up late medicine reviews.
- Staff were consistent and proactive in helping patients to live healthier lives. However, patients' needs were not always assessed, and care and treatment were not consistently delivered in line with current legislation, standards and evidence-based guidance. There was limited monitoring of the outcomes of care and treatment.
- The practice always obtained consent to care and treatment in line with legislation and guidance.
- People were able to access care and treatment in a timely way.
- There was effective leadership at all levels. The practice had a vision to provide high quality sustainable care and had a culture which drove that care. Communication of changes had impacted on staff culture.
- The overall governance arrangements were not fully embedded to enable a clear overview of the service. The practice did not have consistently clear and effective processes for managing risks, issues and performance.
- There was a demonstrated commitment to using data and information proactively to drive and support decision making
- The practice involved the public, staff and external partners to sustain high quality and sustainable care. There were systems and processes for learning, continuous improvement and innovation.

We found two 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**:

- Continue to monitor the action response times for pathology results.
- Continue with the programme of coverage of women eligible to be screened for cervical cancer.
- Consider the inclusion of staff in the development of the practices vision and values.
- Review the storage of oxygen cylinders to ensure they were stored securely.

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 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 Ridgeway View Family Practice

Ridgeway View family Practice is in Wroughton on the outskirts of Swindon at:

Ridgeway View Family Practice

Barrett Way,

Wroughton

Swindon

SN4 9LW

The practice has a branch surgery at:

Station House Surgery

Station Road

Chiseldon

Swindon

SN4 0PB

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures Family planning, Maternity and midwifery services, Surgical procedures and treatment of disease, disorder or injury and surgical procedures. These were delivered from both sites.

This inspection was undertaken at the main location, Ridgeway View Family Practice. We did not visit the branch, Station House Surgery as part of this inspection. The practice is situated within the NHS Swindon Clinical Commissioning Group (CCG). The practice has a General Medical Services (GMS) contract to deliver health care services. (A GMS contract is a contract between NHS England and general practices for delivering general medical services).

The practice is part of a wider primary care network (PCN) of GP practices, Brunel health Group PCN1 is a part of Brunel Health Group, which is a federation of four PCNs working together to share best practice and economies of scale.

The main location, Ridgeway View Family Practice, is a single-storey, purpose-built building which is shared with some NHS services. All GP consultation and nurse treatment rooms are accessible from the waiting area. There is also a larger pharmacy in the same building that is not associated with Ridgeway View Family Practice.

The practice offers GP and nursing consultations and dispensary services from its main location and branch site, which are about three miles apart. Patients are given the option to be seen at either practice or staff work across both sites. The practice provides medical care for patients residing at five local care homes.

The practice has around 14,165 registered patients from an area surrounding the practice and Swindon Old Town. Information published by Public Health England shows that deprivation within the practice population group is in the second highest decile (nine out 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 1.9% Asian, 96% White and 2% Mixed.

There is a team of five GP partners, one GP Retainer (GP Retainers provide short-term support for GPs) and four salaried GP's who provide cover at both practices. The practice has a team of nine nurses, mostly part-time, who provide nurse-led clinics at the main and the branch location. The nursing team at the main location, Ridgeway View Family Practice, includes two practice nurses, two treatment room nurses and five healthcare assistants. A dispensing manager manages a team of six dispensers across both sites.

The GPs and nurses are supported at the practice by a team of reception/administration staff. The practice manager is concerned with the day-to-day running of the practice. The non-clinical practice management team also consists of a practice personal assistant, a senior manager and an organisational manager. There are 16 patient care co-ordinators who were formerly titled receptionist, administrative and secretarial staff, and have completed additional training.

The practice offers support and mentorship to medical students on placement and GPs in training as it is a teaching and training practice. There is one GP registrar undertaking training at the practice currently.

The practice is open between 08:00am to 6:30 pm Monday to Friday.. Routine and urgent GP appointments are available during these times. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services are provided by the NHS 111 out of hours provider. Information about the Out-Of-Hours service was available on the practice website, in the patient registration pack, and as an answerphone message.

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- There was a lack of consistent process for monitoring patients' health in relation to the use of some high-risk medicines (for example, Azathioprine, Potassium sparing diuretics, Amiodarone and Direct Oral Anticoagulants).
- There was a lack of audit and management of Medicines and Healthcare products Regulation Agency (MHRA alerts).
- Task management was not consistently managed and so there was a risk of missed diagnosis.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- There were gaps in the systems for overview of the quality of service provided. This included audits of health and safety, all areas of infection prevention, monitoring of non-medical prescribers and medicine reviews.
- There were no auditable systems to monitor staffing requirements and recruitment.
- There was no clear overview and management of risk. Risk registers needed to be further developed. The development of root cause analysis was required for the investigation of significant events, incidents and complaints.