

Coniston Medical Practice

Inspection report

Wraysdale House
Coniston
Cumbria
LA21 8ER
Tel: 01539441205

Date of inspection visit: 18/09/2019
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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?

Outstanding



Are services responsive?

Outstanding



Are services well-led?

Inadequate



Overall summary

We carried out an announced focused inspection at Coniston Medical Practice on 18 September 2019. We looked at whether the service was safe, effective and well led. We did not specifically inspect the caring or responsive key questions and therefore the ratings remain unchanged based on the findings from the previous inspection in 2015.

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.

- Processes around coding patients were incomplete. Due to this incompleteness some patients were not placed on important clinical registers such as the chronic obstructive pulmonary disease register.
- There was no system, process or audit in place to ensure that patients codes were correctly entered onto patients medical records.
- Patient safety alerts, particularly those around medicines were not always thoroughly checked against the patient record system.
- An audit of high-risk medicines we examined did not include all the high-risk medicines.
- Only 58% of patients on four or more medicines had undergone a medicine review in the past 12 months.
- The quality system had failed to identify the issues we found at the practice.
- Patients were extremely positive about their experience at the practice.
- The Patient Participation Group was very active and campaigning to ensure the practice remained open and accessible.
- The GPs were accessible 24 hours a day to those who needed their support, including patients who received palliative care.
- Appropriate chaperone services were not always available in the absence of GPs

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

- Provide care and treatment in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Establish systems for the provision of chaperone services that are available at all times.
- Update practice around immunisation and vaccines regularly.
- Update the whistleblowing policy.
- Improve uptake of cervical screening for eligible women.

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.

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

Population group ratings

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

Our inspection team

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

Background to Coniston Medical Practice

Coniston Medical Practice is registered with the Care Quality Commission to provide primary care services. It is located in the village of Coniston in Cumbria. The practice provides services to around 1033 patients from one location; Wraysdale House, Coniston Cumbria, LA21 8ER.

We visited this address as part of the inspection. The practice has two GP partners (one male and one female), and three staff who carry out reception, administrative and dispensing duties. There were no nursing staff or a practice manager.

The practice is part of Morecambe Bay clinical commissioning group (CCG). The practice is situated in an area of relatively low levels of deprivation. The practice population is made up of a significantly higher than average proportion of patients over the age 65 (27.4% compared to the national average of 17.3%).

The practice is located in a converted two storey building. All patient facilities are on the ground floor. Access to the building is via a number of steps, alternative arrangements are made to ensure those patients using wheelchairs or pushing prams can access services.

Surgery opening times at the practice are between 9:00am and 6:00pm Monday, Tuesday and Friday, from 9:00am until 12.30pm on Wednesdays and between 9:00am and 6.30pm on Thursdays. Patients can book appointments in person or by telephone. Due to the rural location, the practice has an on-site dispensary.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Cumbria Health On Call (CHOC), however the GPs make themselves available as required.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not being provided in a safe way. Patients diagnosis were not being coded correctly and consistently, therefore patients were not being placed on clinical registers designed to ensure they accesses appropriate care and treatment. Searches of patient records were not being carried out consistently following patient safety alerts. Particularly those relating to medicines.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

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 17 HSCA (RA) Regulations 2014 Good governance A Warning Notice will be issued as: Systems and processes were not sufficiently effective in the detection of issues within the practice. The practice had failed to note issues around patient safety and effective practice.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	