

Baslow Health Centre

Inspection report

Church Lane
Baslow
Bakewell
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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

This report was created in response to risk in light of the Covid-19 pandemic. Our inspection was conducted with the consent of the provider. We obtained the information in it without visiting the provider.

We previously carried out a comprehensive inspection at Baslow Health Centre on 21 June 2016 as part of our routine inspection programme. The practice was rated Outstanding overall and for caring and responsive, and good for safe, effective and well-led.

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

We completed a review of Baslow Health Centre on 7 December 2021 in response to whistleblowing concerns we received.

This review included:

- Conducting staff interviews using video conferencing
- 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.

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:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Staff told us that the GPs were supportive and approachable, with a focus on both patients and staff. Staff generally felt supported and valued in their work.
- There was a good working relationship with the patient participation group, which supported the practice with patient surveys and practical support, for example organising a medicines delivery service.
- The practice supported people living in care homes through weekly visits and advanced care planning where appropriate.
- The health and safety of patients and staff was not always maintained, or appropriate action taken to identify and mitigate any risks.
- Patients did not always receive effective care and treatment that met their needs. Long term condition and medicine reviews lacked detail and minimal information was recorded in care plans.
- Safe and effective prescribing was not always seen, for example for controlled drugs and co-prescribing of medicines in line with medicine safety alerts.
- Verbal complaints were not being recorded, although they were acted upon.
- Structures, processes systems to support good governance and management were not always effective.

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

Overall summary

- 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.

In addition, the provider should:

- Record verbal complaints, including action taken and outcome.

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 Care Quality Commission (CQC) inspector who spoke with staff using video conferencing facilities and reviewed the evidence submitted. The team also 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 Baslow Health Centre

Baslow Health Centre is located in Baslow at:

Church Lane

Baslow

Bakewell

Derbyshire

DE45 1SP

The practice also has a dispensary on site. This service is only available for patients who reside a mile or more from a local pharmacy.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is a member of the NHS Derby and Derbyshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 4,789 patients. This is part of a contract held with NHS England. The practice is part of Derbyshire Dales Primary Care Network, a wider network of 13 GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England shows that deprivation within the practice population group is in the least deprived area (10 of 10). The lower the decile, the more deprived the practice population is relative to others.

The age profile demonstrates a higher proportion of older patients compared to the local and national averages, and lower numbers of working age patients compared to local and national averages:

- The percentage of older people registered with the practice is 32.2% which is significantly below the CCG average of 20.3%, and the national average of 17.6%.
- The percentage of working age people registered with the practice is 50.3% which is above the CCG average of 60.2%, and in line with the national average of 62.3%.
- The percentage of young people registered with the practice is 18.3% which above the CCG average of 19.4%, and the national average of 20.1%.

According to the latest available data, the ethnicity of the practice population is 98.4% White, 0.7% Asian, 0.8% mixed race, 0.1% Black and 0.1% other groups.

There is a team of two GPs partners and a salaried GP. The practice has a team of two nurses who provide nurse led clinic's for long-term conditions and a health care assistant. The GPs are supported at the practice by a team of reception/administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment.

Out of hours services are provided are provided by Derbyshire Health United.

Further information about the practice is available via their website at: www.baslowhealthcentre.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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The provider could not always demonstrate that Medicines and Healthcare products Regulatory Agency (MHRA) alerts were incorporated into clinical practice.• Safe and effective prescribing was not always seen, for example for controlled drugs.• The provider could not demonstrate that clinical staff followed best current practice guidelines including the National Institute of Clinical Excellence (NICE) guidelines when reviewing patients with long term conditions. <p>This was in breach of Regulation 12(1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Systems were not in place to ensure that all staff received immunisations and immunity to potential health care acquired infections.• Systems were not in place to ensure the health and safety of patients and staff, through regular infection prevention and control and health and safety audits.

This section is primarily information for the provider

Requirement notices

- Systems were not in place to manage the safe monitoring and issuing of repeat prescriptions for controlled drugs.
- There was not an effective system that responded to legacy Medicines and Healthcare Regulatory Authority (MHRA) alerts and supported safe and effective prescribing. For example, the co-prescribing of medicines.
- Systems to ensure long term condition and medicine reviews were structured and comprehensive and the associated care plans detailed were not always effective.

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