

# Lakeside Healthcare at Stamford

## Inspection 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 location

Requires Improvement



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection on 2nd March 2022 at Lakeside Healthcare at Stamford.

Overall, the practice is rated as Requires Improvement.

The ratings for each key question are:

Safe - Inadequate

Effective – Requires Improvement

Caring - Requires Improvement

Responsive - Requires Improvement

Well-led – Requires Improvement

Following our previous inspection in June 2021 the practice was rated as inadequate and was placed in special measures. Following the inspection, the practice was issued with conditions on their registration, in respect of Regulation 12 (Safe Care and Treatment) and two warning notices in relation to Regulation 17 (Good Governance) and Regulation 18 (Staffing).

We carried out a follow-up inspection in September 2021 to check if the provider had complied with the conditions of registration and the two warning notices. We found that although some improvements had been made further work was required. The practice had met the conditions placed on their registration but had still not ensured that care and treatment was provided in a safe way. They had not organised and delivered services to meet patients' needs or ensured patients were able to access care and treatment in a timely way. They had improved but still did not have established effective systems and processes in place to ensure good governance in accordance with the fundamental standards of care or ensured that persons employed in the provision of the regulated activities received the appropriate support, training, supervision and appraisal necessary to enable them to carry out the duties. Following the inspection, the practice was issued with a further warning notice in relation to Regulation 17 (Good Governance) and a requirement notice for Regulation 18 (staffing).

This comprehensive inspection carried out in March 2022 and covered all key questions was to review compliance in relation to being in special measures and to review the compliance for the warning notice for Regulation 17 and a requirement notice for Regulation 18.

The full reports for previous inspections can be found by selecting the 'all reports' link for Lakeside Healthcare at Stamford on our website at [www.cqc.org.uk/](http://www.cqc.org.uk/)

## Why we carried out this inspection

This inspection was a comprehensive inspection of information with a short onsite visit inspection to follow up on:

Outline focus of inspection to include:

- Key questions inspected
- Areas followed up including any breaches of regulations or 'shoulds' identified in previous inspection

# Overall summary

- Any other areas reviewed

## 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.
- Completing remote clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records remotely to identify issues and clarify actions taken by the provider.
- Requesting evidence to be submitted to us electronically from the provider.
- To ensure we gathered staff feedback we used a questionnaire which was given to staff electronically via email.
- To ensure we gathered patient feedback we worked with Healthwatch Lincolnshire who carried out a patient survey on our behalf.
- A short 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 Requires Improvement overall.

We found that:

- The practice had carried out a significant amount of work to improve the service since the last inspection.
- The practice still did not have all the effective systems in place for the appropriate and safe use of medicines, including medicines optimisation.
- We were not provided with assurance that sufficient systems and oversight were in place to ensure the dispensaries were adequately and safely managed.
- The process in place for medication reviews and the monitoring of long term conditions was still not effective.
- Appropriate standards of cleanliness and hygiene were not always met.
- There were still gaps in systems to assess, monitor and manage risks to patient safety.
- The practice organised and delivered services to meet patients' needs, although work continued to improve patient experience.
- Leaders demonstrated that they had the capacity and skills, but further work was required to embed systems and processes in order for them to deliver high quality sustainable care.
- Most governance arrangements were now in place, but further work was required to embed these systems and to ensure they were managed effectively.

# Overall summary

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The practice was put in special measures in August 2021 (following our inspection June 2021). Whilst improvements were seen at this inspection, there was still processes that needed embedding and strengthening so the practice will remain in special measures for a further six months.

If, after re-inspection, the service fails to continue to make sufficient improvement, and is still rated as 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 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 further 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

**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. A team of CQC inspectors also helped to undertake staff interviews remotely due to the large size of the practice team.

Along with the CQC lead inspector, four further inspectors undertook the site visit where one of these inspectors also led the inspection of the practice dispensaries.

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.

Healthwatch Lincolnshire also provided us with extensive feedback from an online patient survey which they had conducted between 4th January 2022 to 28th January 2022. Patients were asked to share their experiences of accessing services at the practice, and 1,421 responses were received.

## Background to Lakeside Healthcare at Stamford

Lakeside Healthcare Stamford is a well-established provider of Primary Health Care in the Stamford locality and the main objective of the GP Partners, GPs and staff is to offer a high standard of care to all of its patients, on both an acute and longer-term basis.

Lakeside Healthcare at Stamford was created in 2017 following the merger of St Mary's Medical Centre, Sheepmarket Surgery and The Little Surgery. The practice now operates from two sites, following the closure of The Little Surgery:

Main site:

Sheepmarket Surgery

Ryhall Road

Stamford

Lincolnshire

PE9 1YA.

The Sheepmarket Surgery is a purpose designed and built premises which opened as a surgery in 2000. The consulting rooms are provided on the ground floor, with administrative and conference space on the second floor. They have lift access to the upper floor and are suitable for access by disabled patients, employees or other external visitors. Toilet facilities are also fully accessible for all patients and they offer the addition of a private parents room with changing table. The surgery has a car park attached to the practice with dedicated accessible parking at the front of building closest to the main entrance. The building is fully equipped to provide modern primary care services to our patient population and includes an onsite dispensary which supports the medication needs of patients living in the surrounding villages with a delivery service.

The practice has a branch surgery at:

St Mary's Medical Centre

Wharf Road

Stamford

Lincolnshire

PE9 2DH.

St Mary's Medical Centre is located on Wharf Road close to the centre of the historic market town of Stamford. The building was extended and converted to its current use in 1989. The majority of consulting rooms are located on the ground floor and any patient who would experience difficulty in accessing the first floor would be seen or booked on the ground floor. Admin space and meeting space is provided on the first floor. Fully accessible toilets are also provided

The reception desk is easily accessible on arrival and the Practice has a self-check-in system and offers appointments via telephone, face to face and via the digital platform, Econsult.

Parking is provided onsite for patients and visitors with reserved accessible parking provided adjacent to the main entrance. Additional parking is available further along Wharf Road.

The building is fully equipped to provide modern primary care services to our patient population and includes an onsite dispensary which supports the medication needs of patients living in the surrounding villages with a delivery service.

The practice offers services from both the main practice and a branch surgery. Patients can access services at either surgery. Both the main and branch sites were visited as part of this inspection.

The practice dispensed medicines to those patients who lived more than 1.6km from a pharmacy in line with national guidance. This amounted to approximately 8,300 patients, or approximately one quarter of the registered patient list.

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. These are delivered from both sites.

The practice is situated within the NHS Lincolnshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of just over 29,000 patients. This is part of a contract held with NHS England.

The practice is one of eight locations of Lakeside Healthcare Partnership, a partnership of GPs and others which provides primary medical services to approximately 170,000 patients across Northamptonshire, Lincolnshire and Cambridgeshire. The organisation's central support function is situated in Corby, Northamptonshire.

The practice is part of a Four Counties Primary Care Network with another of the provider's CQC registered locations at Lakeside Healthcare at Bourne.

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

The average life expectancy of the practice population is higher than the national average for both males and females (81.9 years for males, compared to the national average of 79 years and 85.2 years for females compared to the national average of 83 years).

The National General Practice Profile states that the majority of registered patients are white with approximately 1.2% Asian, and 1.5% other non-white ethnic groups.

There is a team of 15 GPs who provide cover at both practices, eight of whom are partners and seven are salaried GPs. The practice management team comprises of a hub manager, operations and compliance manager and a patient service manager. They are supported by three management support officers, a senior administrator and nine administrators, one QOF team lead and two QOF administrators. Reception and administration have one reception team lead, 17 receptionists, one senior secretary and two secretaries.

The practice has a lead nurse/advanced nurse practitioner (ANP), three nurse practitioner, six practice nurses, five healthcare assistants and one nursing associate.

The dispensaries have a lead clinical pharmacist, two clinical pharmacists, one team lead, one delivery driver, nine dispensers, seven dispensary assistants.

Lakeside Healthcare at Stamford is a training practice for fully qualified doctors (registrars) who wish to pursue a career in general practice. These doctors work at the practice for up to one year and help to foster a learning environment. The practice also participates in the training of medical students from the University of Cambridge School of Clinical Medicine. These students are in the earlier stages of their medical training and attended the practice in different years of their study.

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 are currently telephone consultations. If the GP or ANP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery. Other consultation methods such as video calls and advice via email are offered.

Extended access is provided locally in Stamford, Bourne and Market Deeping where late evening and weekend appointments are available.

Lincolnshire Community Health Services NHS Trust offers urgent medical care outside of normal GP hours, during evenings, weekends and bank holidays. These services are accessed by calling NHS 111.

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	Regulation
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> <ul style="list-style-type: none"><li>The systems and processes that enable the registered person to evaluate and improve the practice in respect of processing of the information obtained through the governance process was still not fully embedded or effective.</li></ul> <p>In particular:</p> <ul style="list-style-type: none"><li>We were not provided with assurance that the processes in place for medication reviews was effective and some records reviewed did not appear to consider or address all the potential concerns with the treatments prescribed.</li><li>We were not provided with assurance that sufficient systems and oversight were in place to ensure the dispensaries is adequately and safely managed.</li><li>During the inspection, staff told us that there were numerous times where there was not adequate staff cover within the dispensaries for medicines to be dispensed safely, due to staff sickness and annual leave.</li><li>We found Standard Operating Procedures (SOPs) did not always contain processes to be followed, for example the prescription security SOP did not contain information for staff to follow when allocating prescriptions within the practice building. We saw evidence at both sites that prescription security was not adequate, the policy did not advise on the movement of prescriptions, in the absence of a policy led process there was no assurance that prescriptions were safely stored.</li><li>Acute prescriptions were not always signed before being given out to patients, however staff told us these would be signed within 24 hours.</li><li>We found that the system for controlled drugs stock checks was sporadic and not in line with national guidance.</li></ul>

## Requirement notices

- We found that emergency medicine supplies within the dispensaries were not accessible or well organised,
- We found that there was limited capacity for the lead nurse to provide appropriate oversight of infection control measures at both sites.
- There were no assurance that clinical oversight for assessing the risk of, and preventing, detecting and controlling the spread of infections including those that are health care associated was effective .
- The processes in place for checking fridge temperatures were not always effective.

We were still not assured that the system in place to record significant events and near misses was working effectively. Further work was required on the analysis, investigation, actions and learning from each event.

- There was limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

Risk assessments had been carried out but there was no evidence that the required actions, some high and medium had been completed.

- There was additional evidence of poor governance in particular:

We found that the practice needed to ensure that safety updates that had not been actioned or disseminated through clinical records searches were incorporated into the surgery audit activity to ensure safe clinical practice in line with guidance.

Long term condition reviews had not occurred in a timely manner.

Backlogs of tasks, incoming correspondence and notes summarisation , were observed on the day of the inspection.

From a random selection of patients records reviewed in our remote searches we found that some patients who experienced mental health problems did not have a recorded care plan in place.

Quality improvement audits – at the inspection second cycles were not always in place to demonstrate actions had been implemented and reviewed.

This section is primarily information for the provider

## Requirement notices

Staff and patient feedback were still not being used to influence service review and development.

This was in breach of Regulation 17(1)(2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.