

Thornbury Medical Practice

Inspection report

Rushton Avenue
Bradford
BD3 7HZ
Tel: 01274662441

Date of inspection visit: 6 September 2023
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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?

Inadequate



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Thornbury Medical Practice on 6 September 2023. Overall, the practice is rated as inadequate overall, with the following key question ratings:

Safe - inadequate

Effective - inadequate

Caring – requires improvement

Responsive - inadequate

Well-led - inadequate

Our previous full comprehensive inspection was on 17 May 2018. The practice was rated good overall and good for all key questions except caring, which was rated requires improvement. We carried out a focused inspection on 4 April 2019, which reviewed the caring key question. Following that inspection the practice was rated good for caring and good overall.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Thornbury Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns which were reported to us.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A 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.

Overall summary

We rated the practice **inadequate** for providing safe services:

- There was no accurate list of patients with a safeguarding need, and evidence of long-term locum clinicians completing training was not always kept.
- The practice did not carry out all the relevant recruitment checks.
- The infection control audit did not identify issues we found during the inspection, and fire safety and health and safety audits were not managed effectively.
- Relevant information was not provided to locum clinicians.
- Patient Group Directions (PGDs) were not managed so not all clinicians were appropriately authorised to administer medicines.
- Significant events were not all recorded or investigated. They were rarely discussed within the team and the system for learning when things went wrong was not effective.

We rated the practice **requires inadequate** for providing effective services:

- The most recent verified data for childhood immunisations and cervical screening were below the national targets.
- There was no practice quality improvement programme. Audits were carried out by pharmacists and those provided did not demonstrate quality improvement.
- Staff training had not been monitored and was not carried out in accordance with practice policies.
- There was limited evidence of appraisal and supervision for staff.

We rated the practice **requires improvement** for providing caring services:

- The National GP Patient Survey showed that patient satisfaction had decreased.
- There was limited information available to help patients cope emotionally with their care.

We rated the practice **inadequate** for providing responsive services:

- Complaints were not used to improve the quality of care.
- Some of the GP Patient Survey results were below local and national averages.
- The practice did not adequately seek and act on feedback from patients.

We rated the practice **inadequate** for providing well-led services:

- GP partners did not have any oversight of non-clinical aspects of the practice.
- The practice did not have a strategy or plan in accordance with its clinical governance policy.
- We saw examples of policies containing incorrect information, not enough information or not being followed. They had not been updated on the date recorded on the policies.
- The culture of the practice did not enable staff to raise concerns.
- Overall governance procedures were not effective.
- Data breaches had not been reported and statutory notifications not appropriately completed.
- There was no evidence of systems and processes for learning, continuous improvement and innovation.

We found 5 breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation, and ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

In addition, the provider **should**:

- Take action to improve their uptake of childhood immunisations and cervical screening.

I am placing this service in special measures. Services placed in special measures will be inspected again within 6 months. If insufficient improvements have been made such that there remains a rating of 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 to varying the terms of their registration within 6 months if they do not improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector and a 2nd CQC 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 Thornbury Medical Practice

Thornbury Medical Practice is located in Bradford at:

Rushton Avenue

Bradford

BD3 7HZ.

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

The practice is situated within the NHS West Yorkshire Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 6,900. The practice is part of a wider network of 10 GP practices, known as a Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (1 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 51% Asian, 42% White, 2% Black, 3% Mixed, and 2% Other.

The age distribution of the practice population mirrors the local average. However, there are significantly less patients aged 45 and above than the national average and more patients aged 44 and below. There are more male patients registered at the practice compared to females.

There is a team of 2 GP partners (both male), and 2 long-term locum GPs (1 female, 1 male). There is a practice nurse, 2 long-term locum nurses, a long-term locum advanced nurse practitioner, a physician associate, a long-term locum advanced clinical practitioner and 2 healthcare assistants. There is a practice manager, assistant practice manager, 2 office managers and 4 reception staff.

The practice is open between 8am to 6pm Monday to Friday, and has extended hours opening between 7am and 8am on Thursdays. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally through a federation and PCN working where late evening and weekend appointments are available. Out of hours services are provided by Local Care Direct.

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 Maternity and midwifery services Family planning 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 assess the risks to the health and safety of service users receiving care or treatment and had not done all that is reasonably practicable to mitigate any such risks. In particular:</p> <ul style="list-style-type: none">• The information available to locum clinicians did not provide guidance to them on how to carry out tasks such as referrals to secondary care, or x rays, or information on safeguarding in the area.• There was no accurate list of patients with a safeguarding concern, so relevant reviews were not routinely carried out. <p>The provider had failed to ensure that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way. In particular:</p> <ul style="list-style-type: none">• Required action had not been taken following the most recent fire safety audit.• The infection prevention and control audit did not identify some of the issues found during the inspection.• Control Of Substances Hazardous to Health data sheets did not reflect the chemicals that were in use in the practice.• Not all staff had received training relevant to safety. <p>The provider had failed to ensure the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• 3 of the 5 Patient Group Directions (PGD) we checked were incorrectly completed, so not all named clinicians were authorised to administer the named medicines.
Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

The provider had failed to ensure staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. In particular:

- There was no effectively managed formal induction or probationary period for new staff.
- Training was not adequately monitored, and some staff had not completed training in accordance with the mandatory training policy.
- The effectiveness of training was not assessed, with staff completing up to 94 training courses since the inspection had been announced.
- Time to complete training was not always available during work hours.
- Appraisals were not a priority and for some staff there had been gaps of several years between appraisals.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to have systems and processes in place to ensure staff were of good character or had the required qualifications, skills or experience required for their role. In particular:</p> <ul style="list-style-type: none">• A full work history including a written explanation of any gaps in employment was not held for all staff, including newly employed staff. <p>The provider had failed to ensure all clinicians were registered with the relevant professional body. In particular:</p> <ul style="list-style-type: none">• Professional registration checks during the recruitment process and on an ongoing basis were not carried out. <p>The provider had failed ensure staff had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. In particular:</p> <ul style="list-style-type: none">• Evidence of qualifications was not held for all clinicians.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The provider had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• There was a complaints policy and leaflet, but this did not contain all the required information and incorrect information was included.• Complaints were not used to improve the quality of care and treatment.

Enforcement actions

- Complaints were not appropriately monitored or appropriately responded to in a reasonable timeframe.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:

- The system for reviewing policies was not effective and the review dates for policies was not accurate.
- The whistleblowing policy contained the name of a different GP practice, and policies such as the grievance policy, clinical governance policy and mandatory training policy were not followed.
- The system for authorising practitioners to administer certain medicines was not effective.
- There was no Freedom to Speak Up Guardian to provide support and advice to staff who wanted to raise concerns, and the policies in place at the practice were not effective.
- The system for managing complaints was not effective. Information in the complaints procedure and leaflet was incorrect and there had been no oversight of complaints received.
- The system for managing significant events was not effective. There was no overall control or oversight of significant events and no evidence of learning.
- There was no system to ensure all staff had appropriate training. Staff used different training platforms and there was no collated information to identify gaps in training.
- The locum pack did not contain guidance to enable new locum GPs to carry out their duties. It did not contain information about safeguarding, or how to refer patients for blood tests, x rays or urgent referrals to secondary care.
- Meeting minutes did not contain enough information to guide staff who had not been present.