

The Boulevard Medical Practice

Inspection report

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Halifax
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Date of inspection visit: 24 & 25 May 2022
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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?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at The Boulevard Medical Practice on 24 & 25 May 2022. Overall, the practice is rated as Requires Improvement.

Safe - Inadequate

Effective – Requires Improvement

Caring - Good

Responsive - Requires Improvement

Well-led – Requires Improvement

Following our previous inspection on 21 August 2019, the practice was rated Good overall.

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

Why we carried out this inspection:

This inspection was a comprehensive inspection. It included a site visit of the main site and branch site. We reviewed all five key questions during the course of the inspection. In addition, we reviewed areas identified for improvement at our previous inspection.

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 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 short site visit
- Reviewing staff question sheets sent prior to the inspection for staff at all levels to complete and submit in confidence.

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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:

- Systems for clinical oversight of chronic conditions and medicines reviews were not sufficiently thorough.
- Diagnostic coding on patients' records were not always in place.
- There was evidence of mainly one-cycle audit activity/patient searches, with plans to implement improvements.
- Patients were able to access face to face or telephone appointments at either of the two sites provided by the practice.
- Priority was given to patients under the age of five years and those approaching end of life for same day appointments.
- Staff told us they were happy to work at the practice. They told us the senior team was supportive.
- Staff demonstrated a caring and respectful approach when discussing patients' needs.
- We saw feedback from patients which was positive about the care they received.

We found 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.

In addition, the provider **should**:

- Improve safeguarding practices to ensure that safeguarding alerts are added to records of all family members where there are safeguarding concerns.
- Standardise meeting structures to promote full staff involvement and optimise information sharing and updating.
- Complete appraisals for all staff in a timely manner to promote staff development and performance management.
- Develop systems to improve the engagement of the patient participation group, and continue to monitor patient satisfaction with services.
- Continue to utilise resources within the staff team and external support to improve uptake of cervical screening.

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 The Boulevard Medical Practice

The Boulevard Medical Practice is located at:

116 Savile Park Road, Halifax, West Yorkshire HX1 2ES

There is a branch site at:

Horne Street Surgery

Horne Street

Halifax HX1 5UA

We visited The Boulevard site during our site visit to the practice.

The provider is registered with CQC to deliver the following regulated activities:

- diagnostic and screening procedures
- maternity and midwifery services
- treatment of disease, disorder or injury
- surgical procedures
- family planning

The practice offers all services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Calderdale Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 15,516. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as a Primary Care Network (PCN). The Boulevard Medical Practice is part of Central Halifax PCN.

Information published by Public Health England shows that deprivation within the practice population group is ranked as four out of ten. 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 approximately 80% white British or Irish origin, 17% Asian, with the remainder of black or other mixed ethnicities.

There is a team of four GP partners, three male and one female, who provide cover at both practices. A female practice pharmacist works at the practice three days per week. The clinical team is completed by three female advanced nurse practitioners, one male advanced clinical practitioner, three female practice nurses, two female health care assistants and one female phlebotomist.

Supporting the clinical team is a practice manager, and operations manager and a range of secretarial, administrative and reception staff. All staff rotate between the two sites where services are delivered.

Extended access is provided locally via the PCN at a nearby practice, where late evening and weekend appointments are available. Out of hours services are provided by Local Care Direct.

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> <p>The provider had systems and processes in place that did not operate effectively, in that they failed to enable the registered person to assess, monitor and improve the quality of services being provided. In particular:</p> <ul style="list-style-type: none">• The provider did not have adequate systems and processes to assess, monitor and mitigate risks relating to the health, safety and welfare of the service users and others who may be at risk which arise from the carrying on of the regulated activity. This was because governance systems for monitoring high-risk medicines and oversight of patients with long-term conditions were not effectively embedded. Actions from historic medicines and healthcare regulatory agency alerts were not carried out in all cases. In addition, Staff meeting structures did not to promote full staff involvement or optimise information sharing and updating. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities)</p> |

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.

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment |
| Family planning services | Systems for taking action on Medicines and Healthcare Regulatory Agency (MHRA) alerts were ineffective. |
| Maternity and midwifery services | • Processes for reviewing patients taking high-risk medicines were insufficiently thorough. |
| Surgical procedures | • Systems for coding of patient conditions were not effectively established. |
| Treatment of disease, disorder or injury | • Systems and processes for long-term condition management were not effectively implemented. |
| | This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 |