

Shelley Manor & Holdenhurst Medical Centre

Inspection report

Beechwood Avenue
Bournemouth
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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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

In light of the current Covid-19, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams spend on site.

In order to seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This practice consented to take part in this pilot and some of the evidence in the report was gathered without entering the practice premises.

We carried out the remote elements of inspection through the GP focused inspection pilot (GPFIP) on 12 October 2020. This was in response to intelligence we received to suggest an increase in risk to patients at the practice. We reviewed information relating specifically to the concerns raised in the intelligence we received. We collected evidence from remote staff interviews and a remote review of systems and processes. Following the GPFIP we held an internal review of the information we collected and determined that we were unable to gain sufficient assurances that systems and processes were in place to ensure patient and staff safety.

Following the internal review, we decided to undertake a short notice announced focused onsite inspection on 4 November 2020. We visited the main location Shelley Manor as part of this inspection. We did not visit the Holdenhurst site.

This inspection looked at the following key questions:

- Is the practice safe?
- Is the practice effective?
- Is the practice well led?

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- Is the practice caring? (Good - December 2018)
- Is the practice responsive? (Good – December 2018)

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 rated safe, effective and well- led as requires improvement and the following population groups as requires improvement: People with long term conditions, families children and young people and working age people (including those recently retired and students) because:

- We found some gaps in the recording of actions taken to mitigate risks and overall governance was not effective.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm. However, some safeguarding procedures and processes lacked consistency and staff were unable to access the most up to date procedures.
- Some outcomes for people who use services were below expectations compared with similar services.
- Staff were not always aware of, support, or did not understand the vision and values, or had not been fully involved in developing them.

Overall summary

- Staff satisfaction was mixed, and some staff reported they did not feel actively engaged or empowered.
- Staff did not always raise concerns as they were not always taken seriously, appropriately supported, or treated with respect when they did make them.

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

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

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

- Review the infection prevention and control audits to ensure they are fully completed, and the practice can demonstrate that required actions have been taken to mitigate risk. Continue to review arrangements to improve the uptake of cervical screening.
- Raise awareness of the significant event (SEA) processes to ensure there is consistent documentation of risks, actions, change and embedding for safe governance.
- Consider further ways to engage and support hard to reach families in the community including making them aware of healthcare immunisation available for their children.
- Continue to monitor and reduce exception reporting where possible.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second CQC inspector for the remote regulatory review.

Background to Shelley Manor & Holdenhurst Medical Centre

Shelley Manor & Holdenhurst Medical Centre is situated in Bournemouth and comprises of two sites. We visited the main site Shelley Manor during our inspection on the 4 November 2020.

Shelley Manor Site: Beechwood Avenue, Bournemouth, BH5 1LX. Telephone: 01202 309421.

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

The practice is situated within the Dorset Clinical Commissioning Group (CCG) and provides service to approximately 25,388 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has ten partners, six salaried GPs, a clinical pharmacist, a pharmacy technician, three advanced nurse practitioners, three practice nurses, two healthcare assistant and one phlebotomist. The clinical team are supported by a practice business manager and an operational manager. There are also administration and reception staff teams.

Information published by Public Health England rates the level of deprivation within the practice population group as third on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice age profile showed the practice had a lower than average number of patients over the age of 65 years. For example, 13.7% compared with the national average of 17.4%.

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Risks were increased due to inconsistencies with the significant event process and lack of dissemination of learning to all staff.• The follow up system to improve quality outcomes for patients was ineffective, in particular for cervical cancer screening and patients with long term conditions.• The provider did not have a system or policy in place which ensuring all children who did not attend their appointment following referral to secondary care or for immunisations were appropriately monitored and followed up. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>