

# Cross Plain Health Centre

## Inspection report


84 Bulford Road  
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Wiltshire  
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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?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

# Overall summary

This practice is rated as Inadequate.

We carried out inspections at this practice as follows:

December 2016: The practice was formerly known as Salisbury Plain Health Partnership was rated as Requires Improvement overall and for providing safe and effective services including all the population group. They were rated as good for providing caring, responsive and well-led services.

August 2017: We found the practice had implemented actions to become compliant with the previous breaches of regulations. We rated the practice as good for providing safe, effective and all the population groups as well as overall.

June 2018: the practice was inspected in response to concerns that were reported to us and was not rated as part of this inspection. There were breaches in the regulations relating to staffing and good governance. The practice was served a Warning Notice in relation to Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014- Staffing and a Requirement Notice in relation to Regulation 17 – Good Governance.

September 2018: This inspection was to follow up on the Warning notice which was issued in June 2018. The practice was not rated as part of this inspection.

January 2019: This inspection was carried out as part of our inspection programme and to review the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements in relation to staffing. We rated the practice as good in all key questions and population groups as well as overall.

The full report on these inspections can be found by selecting the 'all reports' link for Cross Plain Health Centre on our website at .

The inspection on the 25 June 2019 was an unannounced focused inspection in response to concerns shared with the Care Quality Commission around staffing and the provision of safe care and treatment. We undertook a further comprehensive inspection on the 9 July 2019 to gather more information and evidence following our inspection on the 25 June 2019.

We issued the practice a Section 31 Notice of Decision to impose conditions on the provider's registration with immediate effect as we found several breaches of regulations relating to safe, effective, responsive and well-led services. Specifically:

- There was no evidence that non-medically qualified staff working in a clinical role were adequately supervised, mentored and monitored.
- There was evidence that some patients who had been seen by non-medically qualified staff had not been adequately reviewed and seen by a qualified clinician.
- Risks to patients were not adequately assessed and actions had not been implemented to mitigate those risks.
- Inadequate recruitment checks were undertaken so that the practice could assure themselves that staff employed to undertake clinical roles were of good character and that they had immunity to the hepatitis B virus.
- Significant events were not always managed in line with best practice. Significant events were not always managed in line with best practice.
- The practice had not implemented actions from our previous inspections to ensure sustained and continuous compliance with all the relevant regulations.

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

- Ensure care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- 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 the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

# Overall summary

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

- Improve the arrangements for the security of prescriptions in the practice so that all staff are aware of current agreed systems and processes.
- Improve and sustain uptake for the cervical screening programme and other cancer indicators.
- Improve the current systems for obtaining consent in relation to minor surgery and consider implementing written consent for these procedures.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, 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 six months if they do not improve.

The service will be kept under review and if needed could be escalated to 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 by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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

<b>Older people</b>	<b>Inadequate</b> 
<b>People with long-term conditions</b>	<b>Inadequate</b> 
<b>Families, children and young people</b>	<b>Inadequate</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and an Inspection Manager on the 25 June 2019. Our Inspection team on the 9 July 2019 was led by a CQC lead inspector and included

a second CQC inspector, a two members of the CQC medicines team, one as an observer, a GP Specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Cross Plain Health Centre

Cross Plain Health Centre is a GP practice located on the southern edge of Salisbury Plain in Wiltshire. It is one of 47 practices within the Wiltshire Clinical Commissioning Group (CCG) area and has around 6,300 patients. The practice is one of five in the locality area of Amesbury.

The main practice premises in the village of Durrington are in a converted domestic house and includes two consulting rooms and one treatment room on the ground floor, and one consulting room on the first floor which is mainly used for counselling services.

The practice has branch surgeries in Tidworth and Shrewton. The branch at Tidworth operates as the management centre for the practice, as it is a modern purpose-built building and has more space. At the time of the inspection, the practice was planning on moving its Shrewton branch surgery to temporary Portacabin facilities pending a new purpose-built premises in the nearby village of Larkhill.

The practice is registered to provide the following activities:

- Diagnostic and screening procedures;
- Family planning;
- Maternity and midwifery services;

- Surgical procedures;
- Treatment of disease, disorder or injury.

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

The practice has a dispensary at their Durrington and Shrewton surgeries, offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises.

The practice provides some services, such as services for the elderly, in partnership with the other practices in the Amesbury locality.

The practice served an area with a high number of military personnel and their families. They have a lower than average number of patients who are over 75, a higher than average number of military veterans and a higher than average turnover of patients. Data available shows a measure of deprivation in the local area recorded a score of 9, on a scale of 1-10, where a higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an

area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas). The area the practice serves has relatively low numbers of patients from different cultural backgrounds. Ninety-six percent of the practice population describes itself as white British. Average male and female life expectancy for patients at the practice is 82 years and 86 years respectively, which is similar to the Wiltshire average and in line with the national average of 79 and 83 years respectively.

The area has one of the highest population growth rates in the country and was anticipating a significant number of additional military families moving to the area at the time of the inspection and over the upcoming summer months as part of a military rebasing plan.

There are two GP partners and four retainer GPs. (Retainer GPs are GPs who are receiving additional support to help them stay in the profession). One of the GPs is male and five are female. Some work part-time, making a full-time equivalent of approximately 2.9 GPs. They are supported by two trainee assistant practitioners, an assistant practitioner apprentice, a physician associate, two paramedics and a nursing team of three practice nurses, a bank practice nurse, two healthcare assistants and three mental health support workers.

The trainee assistant practitioner and assistant practitioner apprentice are non-medical staff working in a clinical role. Staff have worked in those roles at the practice for a number of years and were previously known as GP assistants at the practice. The physician associate was recently recruited in March 2019. Physician associates are healthcare professionals, who while not a doctor, work to a medical model.

The practice surgeries at Durrington and Tidworth open from 8am to 1pm, and 2pm to 6.30pm, Monday to Friday. The surgery at Shrewton has more restricted opening hours and details are available in the surgery on the practice website. When the surgery is closed for lunch, there is an emergency number to get through to the practice.

The practice has opted out of providing a full Out of Hours service to its own patients. Patients can access an Out of Hours GP service by calling NHS 111. Information about how to access this service was available in the surgery and on their website. Out of hours services are provided by Medvivo.

The practice has a General Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The practice provides services from the following sites:

- Durrington Surgery, 84 Bulford Road, Durrington, Wiltshire, SP4 8DH.
- Tidworth Surgery, Beacon House, Station Road, Tidworth, Wiltshire, SP9 7NN.
- Ludgershall branch, 10 – 12 High Street, Ludgershall, SP11 9PZ.
- Shrewton Surgery, High Street, Shrewton, Salisbury, Wilts, SP3 4DB which we were told was due to be closed on 27 June 2019.

And

- Willoughby Road, Larkhill, SP4 8DG which would be operational from the 1 July 2019.

We visited the Durrington and Tidworth sites as part of our inspection.

The practice has a website containing further information. It can be found here:

- [www.crossplainhealthcentre.nhs.uk](http://www.crossplainhealthcentre.nhs.uk)

We previously inspected and rated this practice as follows:

December 2016: This inspection was carried out as part of our inspection programme and was the first inspection of Cross Plain Health Centre (formerly known as Salisbury Plain Health Partnership). The practice was rated as Requires Improvement overall and for providing safe and effective services including all the population group. They were rated as good for providing caring, responsive and well-led services.

August 2017: This inspection was carried to follow up on the breaches of regulations identified at the previous inspection in December 2016. We found the practice had implemented actions to become compliant with the previous breaches of regulations. We rated the practice as good for providing safe, effective and all the population groups as well as overall.

June 2018: We carried out an announced focused inspection in response to concerns that were reported to us. We did not rate the practice as part of this inspection. We found there were breaches in the regulations relating to staffing and good governance. Following this inspection, the practice was served a Warning Notice in relation to Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014- Staffing and a Requirement Notice in relation to Regulation 17 – Good Governance.

September 2018: This inspection was an announced focused inspection to follow up on the Warning notice which was issued following the previous inspection in June 2018. The practice was not rated as part of this

inspection. At this inspection we found the practice had made significant changes to their systems and procedures, and the failings we itemised in the Warning Notice had all been addressed. In a few areas however, we found the new systems and processes were not yet fully embedded. Following this inspection, the practice was served a Requirement Notice in relation to Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014- Staffing.

January 2019: We carried out an announced comprehensive inspection on the 23 and 24 January 2019

as part of our inspection programme. The inspection was to review the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements in relation to staffing. We rated the practice as good in all key questions and population groups as well as overall.

The full report on these inspections can be found by selecting the 'all reports' link for Cross Plain Health Centre on our website at .

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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><b>Systems and processes were not effective to ensure care and treatment was always provided in a safe way.</b></p> <p><b>Specifically:</b></p> <ul style="list-style-type: none"><li>• There was no assurance that sufficient arrangements were in place when there was no GPs on site.</li><li>• The practice could not provide assurance that the current arrangements to ensure the security of blank prescriptions and forms were consistently applied by all staff.</li><li>• Patient Group Directions had not been signed by an authorised member of staff.</li><li>• The vaccine fridge at the Durrington site was not locked and was stored in a room which was not always kept locked.</li><li>• Staff who required a Disclosure and Barring Service check had not had this undertaken prior to starting employment.</li><li>• Significant events were not always managed in line with best practice.</li></ul> <p><b>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>Sufficient numbers of suitably qualified, competent, skilled and experienced staff had not been deployed.</b></p> <p><b>Specifically:</b></p> <ul style="list-style-type: none"><li>• There was no evidence provided to demonstrate that dispensers had their competency regularly checked.</li></ul>

This section is primarily information for the provider

## Requirement notices

- There was no evidence to demonstrate that staff who worked as Physicians Associate, trainee assistant practitioner, assistant practitioner apprentice, paramedics and trainee nurse associate had their competency assessed.
- Procedures to follow in an emergency was ineffective as it did not ensure sufficient and suitable people were deployed to cover both the emergency and the routine work of the service.

**This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

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

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **How the regulation was not being met:**

- The registered person had not retained the information specified in Schedule 3. The practice had not carried out DBS checks on all members of the clinical staff team and therefore could not be sure these staff were of good character.
- A risk assessment was not in place where staff had not received a DBS check.
- There was no evidence from records that one of the GPs was on the NHS Performers list.
- There was no record that one member of staff had immunity to the hepatitis B vaccine.

**This was in breach of regulation 19(1) 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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Section 31 HSCA Urgent procedure for suspension, variation etc.
Family planning services	Condition 1- The registered provider must ensure that all clinical and medical staff undertaking regulated activities must be registered (where appropriate), qualified, competent and receive regular and comprehensive supervision and competency assessments as demanded by the requirement and guidance of the professional bodies. Formal supervision must take place at least monthly for all non registered staff.
Maternity and midwifery services	Condition 2- The registered provider must secure the completion by the Quality Team of the local clinical commissioning group of an independent review of the patient records and consultation documents for all patients who have been seen by staff working in roles other than GPs. Specifically, this includes paramedics, trainee nurse associates, trainee assistant practitioners, assistant practitioner apprentices, trainee physician associates, physician associates and any other title this group of staff may have been referred to previously since 2016. The first phase of the review must prioritise patients who fall into the following groups: (i) babies and young children (0-16 years), (ii) older patients (over 65 years) and (iii) patients with long term conditions, followed by the remaining registered patients. The registered provider must provide CQC with an action plan of the resource identified and intended timescales to undertake a full and comprehensive review of the above mentioned records and consultation documents
Surgical procedures	Condition 3- The registered provider must implement a sustainable formal and documented governance system to ensure safe care is provided by all staff working in clinical roles in the practice. Specifically, governance systems and process should be developed around the provision of services provided by the following roles;
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

paramedics, trainees nurse associate, trainee assistant practitioners, assistant practitioner apprentices, trainee physician associates, physician associates. The documented governance system should include the process for supervision for these roles, the review of record keeping, the review of management plans outlining care and treatment for patients, competency frameworks and the process for identifying, reporting and acting of risks. This list is not exhaustive and full due diligence must be considered in the development and creation of the governance system and process implementation.