

# The Molebridge Practice

## Inspection report

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[www.themolebridgepractice.nhs.uk](http://www.themolebridgepractice.nhs.uk)

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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 well-led?

Requires improvement



# Overall summary

We carried out a short announcement focused inspection at The Molebridge Practice on 26 June 2019 due to concerns raised. Because of the concerns raised we focused the inspection on the safe, effective and well led domains

The practice has been inspected previously with it last being rated as good. All previous reports can be found by selecting the 'all reports' link for The Molebridge Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Concerns raised to us included the safe, effective and well led domains and although some of these concerns were not founded we did find areas of concern and these domains have been rated as requires improvement. During the inspection looked at the following key questions

- Is it Safe
- Is it Effective
- Is it Well led

Our judgement of the quality of care at this service is based 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.

The practice is rated as requires improvement overall and for all the population groups.

The key question is now rated as:

Are services safe? – requires improvement

Are services effective? – requires improvement

Are services well led? – requires improvement

We rated the practice as requires improvement for providing safe services because:

- Infection control and cleaning standards needed to be improved, including the quality control checks for medicines and equipment used
- Medicine management needed to be more robust including, storage, checking of expiry dates and recording of fridge temperatures where vaccines were stored and the tracking of blank prescriptions
- We were unable to see all of the required information for staff recruitment files as these were held by a previous provider and so we could not be assured that the required information was present
- Health and safety risk assessments were not completed

- Action taken from safety alerts were not recorded

We rated the practice as requires improvement for providing effective services because:

- Staff training was not up to date
- Nursing staff did not receive clinical supervision
- There was no evidence of quality improvement reviews. For example, clinical audits
- There was no pro-active monitoring of QOF with detailed action plans to address low QOF figures or high exception reporting.

We rated the practice as requires improvement for providing well led services because:

- The provider could not demonstrate they had the capacity and skills to deliver high quality sustainable care
- We found little evidence of systems and processes for learning and continuous improvement
- The practice did not have systems in place for identifying, managing and mitigating risks
- There was no detailed strategy or vision for how the practice was going to address staffing concerns and improve its resilience

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
- Ensure care and treatment is provided in a safe way to patients
- 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 and specified information is available regarding each person employed

(Please see the specific details on action required at the end of this report).

The areas where the provider should make improvements are:

# Overall summary

- Review how records of staff immunisation status are recorded
- Review clinician's registration to ensure this is up to date
- Continue to review and improve ways to increase the number of carers
- Continue to review and improve ways to increase uptake for 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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser, a nurse specialist adviser and a medicines inspector.

## Background to The Molebridge Practice

The Molebridge Practice is situated in Leatherhead, Surrey. The Molebridge Practice provides general medical services to approximately 5,400 registered patients. The practice delivers services to a slightly higher number of patients who are aged 65 years and over, when compared with the national average. Care is provided to patients living in residential and nursing home facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average.

The practice has had a number of different providers over a short space of time. This has meant different leaders / partners, different working structures, different practice managers and an unstable work force. It is recognised that sustainable care is affected without long term stable leadership, stable clinical and administration teams in place.

The practice is registered to two GP partners who do not work directly at the practice. Instead the practice is supported by a salaried GP and two long term locum GPs. The practice also employs a advanced nurse practitioner, a health care assistant and is supported by a team of reception and administration staff as well as an assistant practice manager and a practice manager.

We informed the practice that their current Registered Manager registration was incorrect. The registration was for a GP who had retired from the practice. The provider also needs to be registered for family planning.

Services are provided from the following premises, and patients can attend either of the two practice premises. For this inspection we only visited the Fetcham Medical Centre.

North Leatherhead Medical Centre, 148 - 152 Kingston Road, Leatherhead, Surrey, KT22 7PZ.

Opening Times

Monday and Tuesday 8am to 1pm

Wednesday 1pm to 6.30pm

Thursday 1pm to 7pm

Friday 7.30am to 1pm

And

Fetcham Medical Centre, 3 Cannonside, Fetcham, Leatherhead, Surrey, KT22 9LE.

Opening Times

Monday, Tuesday and Friday 1pm to 6.30pm

Wednesday 7.30am to 1pm

Thursday 8am to 1pm

During the times when one of the premises is closed, patients are able to access appointments from the other premises and evening appointments from the local hub providing extended access from 6pm to 9pm during weekdays and weekend appointments between 9am to 1pm.

There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website.

For further details about the practice please see the practice website: [www.themolebridgepractice.nhs.uk](http://www.themolebridgepractice.nhs.uk)

The practice is registered with CQC to provide the following regulated activities:

Maternity and midwifery services

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Surgical Procedures

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 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>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</b></p> <ul style="list-style-type: none"><li>• There were no Health and Safety risk assessments</li></ul> <p><b>There was no proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• Vaccines were found out of date</li><li>• We found gaps in the monitoring of fridge temperatures</li><li>• Some medicines were not being stored securely</li><li>• Blank prescriptions were not securely stored or tracked</li></ul> <p><b>There was additional evidence that safe care and treatment was not being provided. In particular:</b></p> <ul style="list-style-type: none"><li>• Cleaning standards of clinical rooms were inadequate. Some desks were cluttered.</li><li>• There was no recording of cleaning equipment being used</li><li>• Couch roll was inappropriately stored before being used</li></ul>
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p> <ul style="list-style-type: none"><li>• Quality improvement assessments were not being completed including clinical audits</li></ul>

This section is primarily information for the provider

## Requirement notices

- There was no pro-active monitoring of QOF with detailed action plans to address low QOF figures or high exception reporting.

**There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk**

- Information relating to safety alerts were not being recorded. For example, actions taken, outcomes of patients effected and shared learning

**There was additional evidence of poor governance. In particular:**

- The provider could not demonstrate they had the capacity and skills to deliver high quality sustainable care
- The provider did not have a clear vision or strategy that prioritised quality and sustainability

**We found little evidence of systems and processes for learning and continuous improvement**

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:**

- Not all staff had completed mandatory training
- Nursing staff did not have clinical supervision

### Regulated activity

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

### Regulation

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

This section is primarily information for the provider

## Requirement notices

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Most staff recruitment files were unavailable for CQC staff to review
- Recruitment files that were reviewed did not contain the required information. For example, references, full employment history, DBS checks where required.