

Dogsthorpe Medical Centre

Inspection report

Poplar Avenue
Peterborough
Cambridgeshire
PE1 4QF
Tel: 01733 560 061

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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?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Dogsthorpe Medical Practice on 21 February 2019.

At this inspection we followed up on breaches of regulations identified at a previous inspection in July 2018

This is the third inspection for Dogsthorpe Medical Centre under the current provider McLaren Perry Limited. The practice had been inspected previously under the provider First Health (Peterborough) Limited in May 2015, June 2016 and November 2016. At our June 2016 inspection the practice was rated as inadequate and placed into special measures. At our inspection in November 2016, the improvements required had not been made and the practice was rated as inadequate with the CQC registration of the provider First Health (Peterborough) Limited suspended.

On our first inspection under the current provider McLaren Perry Limited on 4 December 2017, improvements had been made and the practice was rated as requires improvement. At our second inspection in July 2018, we found the provider had not continued to make sufficient improvement in response to the breaches of regulation identified and the service was rated inadequate overall and remained in special measures.

We have rated this practice as requires improvement overall.

We rated the practice as **good** for providing safe services because sufficient improvements had been made since our last inspection, including:

- Protocols and procedures for the safe and secure storage of medicines were reviewed implemented and monitored. Medicines stored in the refrigerator were safe to use and regularly checked.
- The provider had good oversight of risks including regular review and ensured action was taken to address issues and make improvements.
- Significant events were well documented and we saw evidence demonstrating learning had been shared, however the practice should consider how information shared in daily huddle meetings is recorded.
- The system for managing patient, medicines and device safety alerts had been reviewed, improved and was monitored to ensure patients were kept safe.

We rated the population groups people with long term conditions, working age people (including those recently retired and students), people experiencing poor mental health and the practice overall as **requires improvement** for providing effective services because:

- Since our last inspection, the practice had appointed a member of staff as quality and outcomes framework performance lead, supported by lead clinicians, responsible for improving performance, monitoring patient registers and introducing recall systems to ensure that patients received appropriate and timely care. The practice shared with us unverified performance data for 2018/19 which demonstrated improved performance compared with previous years and that there were plans in place to continue to improve. However, some areas remained below local and national averages including indicators for mental health care patient reviews, indicators of well controlled diabetes and uptake for national cancer screening programmes.

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

- Data from the latest national GP patient survey was below local and national averages. The provider had conducted their own patient survey which demonstrated overall satisfaction was improving, however the provider survey had focussed on access to appointments and had not covered all the below average areas relating to caring services.
- However, since our last inspection, the practice had reviewed and improved their complaints process and set aside allotted time each week for patients to book to speak with the practice manager directly, as well as being able to make a complaint in writing or verbally. We saw that complaints were appropriately recorded and dealt with in a timely manner.

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

- Patient satisfaction levels in relation to accessing the practice were below CCG and England averages in all indicators in the GP National Patient Survey. The practice shared with us a patient survey undertaken to evaluate the changes made following negative patient feedback. This patient survey evidenced improvements

Overall summary

in patient satisfaction but was not entirely comparable to the GP National Patient Survey; therefore, it was not possible to conclusively determine patient satisfaction levels had improved.

We rated the practice as **good** for providing well-led services because:

- The provider had continued to make, and were able to demonstrate, improvements in the service since our last inspection; however further improvements were still required in relation to the quality of care provided to patients and improving patient outcomes and satisfaction.
- Governance systems had strengthened and ensured that the quality and safety of services provided was managed effectively.
- The practice had improved management oversight of systems to manage risk, including fire safety and infection prevention and control.
- The practice had implemented and reviewed new systems to ensure the safety and appropriate storage of medicines.
- The provider had employed a clinical pharmacist to help manage medicines and prescribing in the practice. We found systems and processes to ensure patients receiving repeat medicines were well managed. The service had improved the way high risk medicines were managed and we found these patients were appropriately monitored.
- Results from the most recent national GP patient Survey were generally below, and in some areas significantly below, local and national averages. The practice had

made changes to drive improvements in patient satisfaction and had conducted their own patient survey which demonstrated patient satisfaction had improved, however further improvement was required.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

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

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

- Introduce a formal practice policy for reception staff signposting patients to appropriate care pathways.
- Improve how information systems to manage risks record information shared in daily 'huddle' meetings.
- Review the systems for managing patient safety alerts to ensure reviews of alerts where no action is required are recorded.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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	Requires improvement 
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	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

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

Background to Dogsthorpe Medical Centre

Dogsthorpe Medical Centre is situated to the north of Peterborough and is contracted to provide alternative primary medical services to approximately 4,700 registered patients in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area.

The practice has been operated by McLaren Perry Limited since November 2016 and is overseen by two directors, who hold overall managerial and financial responsibility for the service.

The male GP clinical director is supported by one male and one female GP who provide regular sessions each week to enhance the continuity of care offered to patients. The practice also has one advanced nurse practitioner, two practice nurses and a healthcare assistant in training. A clinical pharmacist from McLaren Perry Limited supports the clinical team. Administrative staff supporting the practice include the practice manager, deputy practice manager, receptionists and a medical secretary.

The practice is open between 8am and 6.30pm Monday to Friday. Pre-booked routine appointments were available each evening and weekend through the local extended hours hub provided by the Peterborough GP Network.

Outside of normal practice opening hours, patients are directed to the local out of hours service through NHS 111.

The practice branch site was closed in January 2019 due to ongoing staff and patient safety concerns.

According to Public Health England information, the practice population has a higher than average number of patients aged 0 to 39 years, and a lower than average number of patients aged 40 and over compared to the national average. There are high levels of deprivation in the local area, and high levels of co-morbidity.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems and process to assess, monitor and improve the quality of care provided to patients. In particular to:</p> <ul style="list-style-type: none">• Improve the quality of services provided to the population groups people with long term conditions, working age people (including those recently retired and students) and people experiencing poor mental health.• Respond to feedback from service users receiving services to improve patient satisfaction. <p>This was in breach of Regulation 17 (1)(2)(a) HSCA (RA) Regulations 2014 Good governance.</p>