

The Village Medical Centre

Inspection report

Kingswood Way
Great Denham
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Bedfordshire
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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?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at The Village Medical Centre on 27 February 2020. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, as part of our inspection programme.

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 inadequate overall and requires improvement for all population groups.

We rated the practice as **inadequate** for providing safe services because:

- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Staff did not have the information they needed to deliver safe care and treatment.
- The practice did not have systems for the appropriate and safe use of medicines.
- The practice did not have a system to learn and make improvements when things went wrong.

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

- There were no processes in place to cascade new clinical guidance such as The National Institute for Health and Care Excellence (NICE) guidelines.
- Care was not delivered and reviewed in a coordinated way. There were no formal care plans in place for patients.
- There was no monitoring of unplanned admissions and no risk stratification in place to prevent readmissions.
- There were no clinical oversight procedures in place to review the consultations and prescribing of the clinical staff including locums and non-medical prescribers.

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

- Staff dealt with patients with kindness and respect.
- Feedback from patients was positive regarding the care they received.

- The practice had identified 86 patients as carers which equated to 1% of the practice population. Support information was available for carers.

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

- People were not able to access care and treatment in a timely way.

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

- There were flaws in the leadership and governance of the practice.
- The practice did not have a clear vision, values and strategy.
- The practice did not have clear and effective processes for managing risks, issues and performance.

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

- 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.

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

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

- Complete an infection prevention and control audit to reflect the current provider practice.
- Implement processes to keep clinicians up to date with current evidence-based practice.
- Continue to identify and support carers.
- Continue to establish the Patient Participation Group.

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.

Overall summary

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.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement

action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service as required to keep people safe and to hold the provider to account where it is necessary for us to do so.

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 and a practice manager specialist advisor.

Background to The Village Medical Centre

The Village Medical Centre provides a range of primary medical services to the residents of Bedford from its location at Kingswood Way, Great Denham, Bedford, Bedfordshire, MK40 4GH.

The practice population is pre-dominantly white British. They have a higher than average number of patients aged under 44 years of age and a lower than average number aged over 65 years. Information published by Public Health England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 83 years compared to the national average of 79 years. Female life expectancy is 87.5 years compared to the national average of 83 years.

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

The Village Medical Centre is situated within the Bedfordshire Clinical Commissioning Group (CCG) and

provides services to approximately 8,590 patients under the terms of an Alternative Provider Medical Services (APMS) contract, a locally agreed contract with NHS England and GP Practices.

The registered provider is Innovations Healthcare Solutions, a company that provides services on behalf of the NHS. They took over the management of the practice in July 2019.

The practice has one male GP who is a partner of the Innovations Healthcare Solutions company. The GP is supported by two female and one male locum doctors. The practice employs a clinical pharmacist and a physiotherapist. The nursing team consists of a locum nurse practitioner, a practice nurse and a health care assistant, all female. There are a team of reception and administrative staff all led by a practice manager, a reception supervisor and a patient support team leader.

The practice is open from 8am to 7.30pm Monday to Thursday and from 8am to 6.30pm on Fridays. When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

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>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice was not receiving or acting on MHRA patient safety updates.• There were no processes in place to cascade new clinical guidance such as The National Institute for Health and Care Excellence (NICE) guidelines. There were no discussions held at the practice clinical meetings to ensure the clinical staff were up to date with current guidelines.• Significant events were not all being recognised, logged or had learning identified. There were a number of prescribing errors highlighted by the local pharmacy that were not logged as significant events. Minutes of practice meetings showed that incidents were discussed as any other business but not recognised as significant events.• There was no clinical oversight procedures in place to review the consultations and prescribing of the clinical staff including locums and non-medical prescribers. There were no prescribing audits or consultation records reviews. We found prescribing errors had not been acted on.• There was no process in place to monitor and highlight to the GPs any prescriptions not collected by patients.• There was no documented process in place for monitoring patients' health in relation to the use of medicines including high risk medicines.• There were no contact details available for the Controlled Drug accountable officer for the practice to report incidents of significant concern. For example, patients or healthcare professionals fraudulently obtaining Controlled Drugs.• There had been no summarising of new patient notes for approximately six months. There was no one in the practice who had received formal training to summarise notes.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 12 (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 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

- We found significant concerns in the leadership and governance of the practice. At the time of the inspection there had been a breakdown in the relationship of the directors of the provider company, Innovations Healthcare Solutions. This had led to a lack of communication and responses to concerns raised.
- There was no vision, values, strategy or business plan in place to outline how the practice would deliver high-quality care and promote good outcomes for people.
- The business continuity plan did not recognise that the lead GP was the only non-locum GP working in the practice. There were no contingency arrangements in place to cover any planned or unplanned absences they may have from the practice. There were no arrangements in place for the clinical oversight of other health care professionals in the practice in the absence of the lead GP.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.