

Dr Cakebread and Partners

Inspection report

Robert Lucas Drive
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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?

Inadequate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Dr Cakebread and Partners on 23 January 2019 in response to concerns regarding poor care. These concerns were raised to the Parliamentary and Health Ombudsmen and not upheld. The practice were aware of the reason for our inspection. Our inspection team was led by a CQC inspector and included a GP specialist advisor and a practice nurse specialist advisor.

At the last inspection in June 2016 we rated the practice as good overall.

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.

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

- The system to manage pathology results was ineffective. Shortly following the inspection, we received a policy which detailed how to manage these more safely.
- A complete record of staff immunisations was not held.
- Patient specific directions to allow vaccinations to be given by health care assistants were not always signed by a prescriber.
- There was no audit or competency assessments for non-medical prescribers however, appraisals were completed for these staff.
- We found breaks in the cold chain to safely store vaccinations that had not been appropriately escalated. Shortly after the inspection, we were provided evidence that this had been managed.
- There were adequate safeguarding systems in place.
- There were adequate recruitment systems in place.

We rated the practice as inadequate for providing effective services because:

- There were no systems in place to ensure action had been taken in regard to the most recent guidance or safety alerts. We found that not all patients were receiving the correct treatment for example patients suffering from asthma or respiratory diseases.

- There was not an effective system in place to follow up patients with mental health conditions who did not attend for repeat medicines.

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

- Patients were supported, treated with dignity and respect and were involved as partners in their care.

We rated the practice as good for providing responsive services because:

- The practice offered flexible appointments that could be booked online.
- Patients told us that they could make an appointment when they needed however, it was sometimes difficult to contact the surgery by telephone.
- The practice listened to patient feedback and complaints and acted on it appropriately.

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

- There was a lack of clinical oversight and systems were not always effective. However, the leadership, governance and culture of the practice aimed for delivery of high quality person-centred care.
- Clinical policies were not always followed by all staff.
- Staff felt proud to work at the service and felt comfortable to raise concerns to the management team.

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

- Ensure care and treatment is provided in a safe way to patients.

There were areas where the provider **should** make improvements are:

- Continue to monitor patient satisfaction scores and improve telephone access to the practice.
- Continue to identify and support carers.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Dr Cakebread and Partners

Dr Cakebread and Partners provides a range of primary medical services, including minor surgical procedures, from its location at The Shefford Health Centre, Robert Lucas Drive, Hitchin Road, Shefford, Bedfordshire, SG17 5FS. It is part of the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice serves a population of approximately 18,000 patients. The practice population is 96% white British.

The practice supports several local care homes including a specialist acute brain injury residential services and learning disability homes.

Information published by Public Health England rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of six GP partners (four male and two female) and five salaried GP's (all female). The practice also employs five female senior nurse practitioner / prescribers, four female practice nurses, three female healthcare assistants. All nurses also

conduct home visits to patients unable to attend the practice. The clinical team also includes a phlebotomist and a practice-based pharmacist. The team is supported by a practice manager and a team of non-clinical, administrative staff.

The practice operates from a two-storey purpose built property, with disabled access throughout. Patient consultations and treatments take place on the ground floor level. There is a large car park outside the surgery, with disabled parking available.

Dr Cakebread and partners is open from 8am to 6.30pm on Monday to Friday. The practice is part of an extended access hub offering patients appointments on Saturday mornings and from 6.30pm to 8pm four evenings a week. When the practice is closed, out of hours services can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• There was not effective management of pathology results.• There was no oversight of safety alerts and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts received by the practice.• There was no oversight of the National Institute for Health and Care Excellence (NICE) guidance and this was not shared with clinicians.• Patient Specific Directions for non-clinical staff to give vaccinations and immunisations were not all appropriately signed by GP's.• Clinical policies were not detailed and thorough. Policies they were not consistently followed by all staff.• There were no audits of prescribing practice or clinical supervision of non-medical prescribers to ensure their competency.• There were ineffective systems to follow up patients who may be vulnerable such as patients suffering from a mental health condition who had not requested repeat medicines.• A record of staff immunisations were not held.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	