

# Dr Jones & Partners

## Inspection report


15 Dereham Road  
Mattishall  
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NR20 3QA  
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Date of inspection visit: 13 December 2022  
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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 well-led?

Inadequate 

# Overall summary

We carried out an announced focused inspection at Dr. Jones and Partners on 13 December 2022. Overall, the practice is rated Inadequate.

Safe - Inadequate

Effective - Inadequate

Well-led – Inadequate.

Following our previous inspection in February 2018, the practice was rated good and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr. Jones and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a focused inspection in response to concerns reported to us. The inspection focused on specific areas of the following key questions:

- Are services safe?
- Are services effective?
- Are services well-led?

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

## Our findings

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.**

# Overall summary

We found that:

- The practice leadership had failed to ensure the practice was led and managed in a way that promoted the delivery of high-quality, person-centre care.
- The practice did not provide care in a way that always kept patients safe and protected them from avoidable harm.
- Not all patients received safe and effective care and treatment that met their needs.
- The practice did not ensure that all medicines were prescribed safely to all patients.
- The practice did not have clear oversight that staff had received appropriate competency assessments.

We found breaches of regulations. The provider **must**:

- 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.

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

- Encourage patients to attend their appointments for the national cervical cancer screening programme.
- Improve involvement of and engagement with the patient population to gain feedback in order to monitor and review the service.
- Encourage staff to report and improve knowledge regarding the reporting of significant events, with a no-blame culture.
- Review the system for NHS health checks for patients to improve uptake.

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 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 Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit with a member of the CQC pharmacy team. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location and a medicines inspector.

## Background to Dr Jones & Partners

Dr. Jones and Partners is located in Dereham at:

15 Dereham Road

Mattishall

Dereham

Norfolk

NR20 3QA.

There is a hybrid dispensary/pharmacy at this site. We inspected the dispensary service.

The practice has a branch surgery in the nearby village of Lenwade, which also has a dispensary, at:

Lenwade Surgery

The Street,

Lenwade,

Norwich,

Norfolk,

NR9 5SD

Both of these sites were inspected as part of this inspection.

Patients can access services at either surgery.

The provider is registered with CQC to deliver the Regulated Activities:

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

The practice is situated within the Norfolk and Waveney Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 8,650. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices Mid Norfolk Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (7 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 99% White and 1% Mixed.

There is a team of 3 GPs partners and 4 salaried GP's who provide cover at both sites. The practice has a team of nurses who provide nurse led clinics for long-term conditions at both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at the main location to provide managerial oversight. There is also a team of dispensary staff.

The practice at 15 Dereham Road is open between 8.30am to 6pm Monday to Friday with late opening on a Thursday until 8pm. Lenwade surgery is open on Mondays between 8.30am and 1pm and between 2pm and 6pm, and on Tuesdays, Thursdays and Fridays between 8.30am and midday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the PCN. Dr Jones & Partners contribute to this extended access, opening until 8pm on a Thursday and is rostered to provide services on Friday evenings and weekends. Out of hours services are provided by IC24.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are 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 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The practice failed to demonstrate they had an effective quality improvement programme in place, which would ensure safe and effective care to all patients.</li><li>• The practice failed to evidence that they had oversight of the training undertaken or required by staff. This training included safeguarding of children and adults, Equality and Diversity and Basic life support.</li><li>• The practice failed to evidence that they had a safe policy and system to ensure that full summaries of patient records were managed effectively.</li><li>• The practice failed to evidence that the IPC audit and waste management audit were wholly effective.</li><li>• The practice did not demonstrate that all staff had received appropriate support, training, appraisal and assessment to ensure they were able to carry out their duties.</li><li>• The practice did not evidence that all staff were aware of or supported to report significant events.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The practice did not evidence a safe system to ensure patients on high-risk medicines were appropriately managed in a timely way.</li><li>• The practice system for managing patient and medicines safety alerts did not ensure medicines were prescribed safely. We found patients that had been affected by alerts had not been appropriately reviewed and the risks to the patient not discussed with them.</li><li>• The practice did not evidence that all patients had a structured and comprehensive medicines review.</li><li>• The practice did not evidence a safe system to ensure all patient electronic tasks sent to administration staff members were managed effectively.</li><li>• The practice did not have oversight of the DBS status of all staff members.</li><li>• The practice did not have oversight of the immunisation status of staff who may be at risk of harm.</li><li>• The practice did not to ensure competency checks were undertaken to ensure staff were competent to undertake their duties.</li><li>• The practice had failed to carry out appropriate risk assessments.</li><li>• The practice failed to ensure standard operating procedures for the dispensaries were maintained. We also found other concerns with the dispensaries.</li><li>• The practice did not have a process in place for identifying and managing out of range refrigerator temperatures.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>