

Heacham Group Practice

Inspection report

45 Station Road
Heacham
Kings Lynn
PE31 7EX
Tel: 01485572769
www.heachamgrouppractice.org

Date of inspection visit: 5 July 2022
Date of publication: 13/07/2022

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

Not inspected

Are services safe?

Inspected but not rated



Overall summary

We carried out an announced inspection of Heacham Group Practice on 8 March 2022. Overall, the practice is rated as inadequate. As a result of the concerns identified we issued a Section 29 warning notice on 24 March 2022 in relation to a breach of Regulation 12 Safe Care and Treatment, requiring them to achieve compliance with the warning notice by 15 June 2022.

The full reports for previous inspections can be found by selecting the 'all reports' link for Heacham Group Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We undertook a focused inspection on 5 July 2022 to check that the practice had addressed the issues in the warning notice and now met the legal requirements. This report only covers our findings in relation to those requirements and will not change the ratings. At the inspection, we found that the requirements of the warning notice had been met.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit

Our key findings were:

- We found the practice leadership had been improved. The practice had worked together with the CCG and engaged other external support members such as experienced management to ensure necessary improvements were made. The practice had employed more staff and strengthened the management team. Although not all improvements had been completed in respect of concerns identified in the warning notice, they had a clear action plan enabling new systems and processes to be embedded and sustained.
- The systems and processes in place had been improved to support safe use of medicines. However, some of these actions had not had sufficient time to be fully completed and some patients were still awaiting review.
- There was an improved system to manage patient safety alerts. We noted the practice had fully reviewed historic alerts to ensure they understood and incorporated the risks associated with the alert. We found not all GPs were fully aware of the changes and the practice told us they were improving the monitoring of clinical staff who held prescribing qualifications.
- The practice was in the process of reviewing patients to ensure that regular, appropriate and comprehensive medicine reviews were undertaken. In addition to reviewing the medicines, the practice was actively reviewing the patient's summary records and updating it accordingly.

Overall summary

- The system and processes in place supported the safe recruitment of new staff.
- The practice had improved their oversight to ensure all staff had received appropriate training. The practice had increased training awareness for example, awareness and care for patients with a learning disability and for patients who were carers.
- A system to ensure competency checks were undertaken to ensure staff were competent to undertake their duties had been implemented.
- The practice had implemented a system and process to ensure that when things went wrong, learning was shared and actions taken to make improvements. This included greater involvement of staff and sharing findings through the use of the practice intranet.

The provider **must**:

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

In addition to the breach of regulations the provider **should**;

- Continue to review and monitor progress to ensure patients receive an appropriate structured medicine review in a timely manner.

For further information see the requirement notice at the end of this report.

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

Our inspection team

Our inspection team was led by a CQC inspector who completed a site visit and a GP specialist advisor who completed clinical searches and records reviews along with interviews of staff remotely.

Background to Heacham Group Practice

Heacham Group Practice is located in Heacham at:

45 Station Road

Heacham

King's Lynn

PE31 7EX

The practice has a branch surgery at:

Snettisham Surgery

Common Road

Snettisham

King's Lynn

PE31 7PE.

There is a dispensary on site at Heacham.

The provider is registered with CQC to deliver the Regulated Activities

- treatment of disease, disorder or injury
- surgical procedures
- diagnostic and screening procedures
- maternity and midwifery services
- Family planning services.

The practice is situated within the Norfolk and Waveney Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 7720 patients. This is part of a contract held with NHS England.

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

Information published by Public Health England shows that deprivation within the practice population group is in the sixth highest decile (six 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% Asian.

The age distribution of the practice demonstrates that there is a higher than average older population as compared to local and national averages.

There is a team of 6 GPs who provide cover at both practices. The practice has a team of 4 nurses who provide nurse led clinic's for long-term condition of use of both the main and the branch locations, one nursing associate, one care home matron, two healthcare assistants. The GPs are supported at the practice by a team of reception/administration staff. 1 dispensary assistant, one dispensary technician, and a prescribing clerk. The practice manager and PA are based at the main location to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided by IC24.

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 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	How the regulation was not being met: The system and process in place to manage safety alerts was not wholly effective. We found some patients had been prescribed a combination of medicines without documented risks discussed with them. The system and process to ensure patients with long term conditions had not been wholly effective as some information within the clinical record conflicted with the medicines prescribed. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.