

Patford House Surgery Partnership

Inspection report

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Date of inspection visit: 17th November 2021
Date of publication: 03/02/2022

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

Inadequate



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced focused inspection at Patford House Surgery Partnership between 10th and 24th November 2021 to follow up on warning notices issued to the provider following our inspection in May 2021 in regards to breaches of Regulation 16; receiving and acting on complaints, and Regulation 17; good governance. .

This inspection was not rated therefore, ratings following our last inspection in May 2021 remain the same;

Safe - Requires Improvement

Effective – Requires Improvement

Caring – Requires Improvement

Responsive – Inadequate

Well-led – Inadequate

Following our previous inspection on 6th and 7th May 2021, the practice was rated Inadequate overall and for the key questions Safe and Well Led. For the key questions effective, caring and responsive the practice was rated as requires improvement.

We issued the provider with requirement notices for breaches of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, related to safe care and treatment and Staffing.

We also issued the provider with warning notices for breaches of Regulations 16 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, related to receiving and acting on complaints and good governance.

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

Why we carried out this inspection

This inspection was a focused follow-up inspection to monitor the providers progress against their action plan to confirm that the practice had met the legal requirements in relation to the warning notices served after our previous inspection in May 2021.

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:

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- 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 short site visit
- Obtaining feedback from other stakeholders

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 not rated this inspection.

We found that:

- The practice ensured learning from complaints was shared effectively with staff. However, the practice was unable to demonstrate that all complaints had been acted in line with practice policy and national guidance around response timescales.
- Systems and processes were established to ensure patients affected by Medicines and Healthcare products Regulatory Agency (MHRA) alerts, were routinely reviewed.
- The practice had effective governance procedures for patients prescribed high risk medicines to ensure they received appropriate monitoring.
- Systems and processes for infection prevention and control (IPC) were followed and effective.
- Systems for ensuring emergency medicines were checked to ensure they were safe to use were effective and embedded in practice.
- Systems and process relating to the management of practice tasks system were followed and effective.
- There were adequate systems to ensure oversight of significant events and that learning was identified actioned and shared effectively
- There was oversight of processes to mitigate risk relating to fire procedures.
- Oversight of Legionella was embedded in practice.
- Systems to identify and mitigate risk relating to Covid-19 were embedded.
- The practice had effective oversight of prescription security.
- Appropriate training systems and oversight of the system was in place. However, staff had not been trained in the safe use of the evacuation chair.
- There was a significant backlog regarding the clinical coding of patient records.
- The practice did not have effective systems to monitor patient access and ensure care and treatment was accessible.
- The practice had not received a Disclosure and Barring Service (DBS) check for all staff.

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

- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Overall summary

This inspection has not been rated; therefore, the previous ratings will apply and as such the practice remains in special measures until we are able to undertake a full rated inspection.

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 Lead Inspector and supported by a CQC Inspection Manager and a CQC Head of Inspection who spoke with staff using video conferencing facilities and undertook a site visit. 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.

Background to Patford House Surgery Partnership

Patford House Surgery Partnership is located in Calne, Wiltshire. In April 2019 Beversbrook Medical Centre and Patford House Surgery merged to form Patford House Surgery Partnership. Approximately 16,500 patients are registered with the practice. There are three sites that the partnership is registered to deliver care from:

Patford House Surgery, 8A Patford St, Calne SN11 0EF

Beversbrook Medical Centre, Harrier Cl, Calne SN11 9UT

Sutton Benger Surgery, Chestnut Rd, Sutton Benger, Chippenham SN15 4RP

At the Sutton Benger Surgery, dispensing services are provided to registered patients who live more than a mile away from a community pharmacy.

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

The partnership includes, two GPs and one managing partner. Salaried GPs are also employed, and the practice employs locum GPs when there is a need. In addition the nursing team comprises of advanced nurse practitioners, nurse practitioners, practice nurses and

healthcare assistants. Paramedics and pharmacists are also employed to support the practice as well as an administrative team.

When the practice is closed out of hours services are provided by Medvivo which patients can access via NHS111.

Further information about the practice can be obtained through their website: www.patfordhousepartnership.com

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">The practice was unable to demonstrate that all complaints had been acted upon in line with practice's policy and national guidance around response timescales. <p>This was in breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">The provider had not ensured staff had been provided with sufficient training to ensure the safety of patients, visitors to the premises and the staff at all times. For example, training in the use of the evacuation chair.Disclosure and Barring Service (DBS) checks had not been received for all staff employed at the practice.There was a significant backlog regarding the clinical coding of patient records.The practice did not have effective systems to monitor patient access to ensure care and treatment was accessible and appropriate.The practice was unable to demonstrate that the appraisal and supervision processes were embedded. <p>This was in breach of Regulation 17(1) and 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>