

Brailsford & Hulland Ward Medical Practice

Inspection report

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Date of inspection visit: 1, 2 and 8 November 2021
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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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

We carried out an announced inspection at Brailsford & Hulland Ward Medical Practice on 1, 2 and 8 November 2021. Overall, the practice is rated as requires improvement. We rated the service as requires improvement for safe and effective and good for caring, responsive and well-led.

Since our previous inspection on 23 and 24 June 2021, a different provider took over the management of Brailsford & Hulland Ward Medical Practice in August 2021. At our previous inspection the practice was rated inadequate overall and for safe and well-led, requires improvement for effective and response and good for caring.

The full reports for previous inspections can be found by selecting the 'all reports' link for Brailsford & Hulland Ward Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection.

This inspection was a comprehensive inspection to follow up on:

- The key questions safe, effective, caring, responsive and well-led
- Breaches of regulations relating to safety and governance.
- Ratings carried forward from the inspection of the previous provider.

How we carried out the inspection.

Throughout the pandemic the Care Quality Commission (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 remote 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.

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.
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall.

We rated the practice as requires improvement for the key question safe. This was because:

Overall summary

Since our inspection of the previous provider, improvements had been made in safeguarding procedures, infection prevention and control, management of significant events, staff induction and the management of medicines.

However, we found ongoing issues:

- Some clinical staff had not completed safeguarding training at a level appropriate to their role. Alerts had not been added to the records of people living in the same household as a child with a safeguarding concern.
- Recruitment checks were not always carried out in accordance with regulations particularly for locum staff.
- Some opportunities to carry out risk assessments had been missed.
- Fire drills had not been completed on a six-monthly basis as detailed in the practice's fire prevention policy.
- Equipment to monitor oxygen saturation levels in children was not available within the practice.
- Some sharps bins and cytotoxic clinical waste bins were undated meaning staff were not aware of the required disposal date. There was no evidence that cleaning schedules were in place.
- Dispensary standard operating procedures were not always adhered to.
- There was no system in place to ensure that hospital letters and test results were reviewed in a timely manner when the deputy clinical lead was on leave. Medicine reviews for patients with diabetes were not always completed by an appropriately qualified clinician.
- The provider could not demonstrate that all Medicines and Healthcare products Regulatory Agency (MHRA) alerts were incorporated into clinical practice.

We rated the practice as requires improvement for the key question effective. This was because:

Since our inspection of the previous provider, improvements had been made in establishing systems to monitor staff compliance with training and following National Institute for Health and Care Excellence (NICE) guidance.

However,

- Some clinical staff had not completed all of the mandatory training as identified by the provider.
- There was no formal system in place to monitor training completed by locum staff working at the practice.
- Routine annual health reviews for patients with chronic obstructive pulmonary disease and asthma were not being completed unless a need was identified.
- Not all patients with long-term conditions were offered timely medication reviews.

We rated the practice as good for the key question caring. This was because:

- Staff dealt with patients with kindness, respect and compassion.
- Staff involved patients in decisions about their care.

We rated the practice as good for the key question responsive. This was because:

- Patients could access care and treatment in a timely way.
- Information about how to complain was readily available to support staff and patients. Complaints were responded to within a timely manner.

We rated the practice as good for the key question well-led. This was because:

- Leaders demonstrated they had the capacity and skills to address the challenges within the practice.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care. Policies to support the governance of the practice had been put in place.

Overall summary

- Staff felt able to raise concerns without fear of retribution. Action had been taken to support staff well-being.

We found one breach of regulations. The provider **must**:

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

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

- Date and dispose of sharps and cytotoxic clinical waste bins, used in the dispensary, in line with national guidance.
- Carry out six-monthly fire drills in line with their fire prevention policy.
- Make equipment available within the practice to monitor oxygen saturation levels in children.
- Action their plan to include complaints at their quality and improvement meetings so that they drive continuous improvement.
- Develop policies to support patient safety when accessing remote services.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by the service.

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 who spoke with staff using video conferencing facilities and undertook a site visit. The team included a second inspector and 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 Brailsford & Hulland Ward Medical Practice

Since our previous inspection on 23 and 24 June 2021, a different provider has taken over the management of Brailsford & Hulland Ward Medical Practice in August 2021.

Brailsford and Hulland Medical Practice is a rural, dispensing practice located in Southern Derbyshire in the Peak District at:

The Green

Brailsford

Ashbourne

Derbyshire

DE6 3BX

The practice has a branch surgery at:

Hulland Ward

Main Road

Hulland Ward

Ashbourne

Derbyshire

DE6 3EA

We visited both of these practices as part of our inspection.

The provider is registered with the Care Quality Commission (CQC) to deliver the Regulated Activities diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures and family planning. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at the main practice. The branch practice is temporarily closed to appointments due to staffing issues.

The practice is situated within the NHS Derby and Derbyshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 6,016 patients. It is a GP partnership of three GP partners.

The practice is part of Derbyshire Dales Primary Care Network, a wider network of 13 GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England shows that deprivation within the practice population group is in the ninth lowest decile (nine 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 predominantly white at 98% of the registered patients, with estimates of 0.8% mixed race, 0.9% Asian, 0.2% Black and 0.1% other groups.

The age distribution of the practice population demonstrates a higher proportion of older patients, and lower numbers of younger patients compared to local and national averages:

- The percentage of older people registered with the practice is 29.1% which is above the CCG average of 20.2%, and the national average of 17.6%.

- The percentage of young people registered with the practice is 16.1% which below the CCG average of 19.5%, and the national average of 20.2%.

There is a team of three female GP partners, three salaried GPs including a deputy clinical lead, one practice nurse, two healthcare support workers and nine dispensing staff. The team is supported by an operations manager and a team of administrative staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, GP appointments are either telephone consultations or face to face. Out of hours services are provided by Derbyshire Health United (DHU).

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not always being carried out. In particular:</p> <ul style="list-style-type: none">• Staff working alone at the branch practice.• Non-clinical staff that had not received immunisation against hepatitis B.• Control of Substances Hazardous to Health (COSHH) risk assessments for cleaning products.• Recruitment information, as specified in Schedule 3, was not always available, particularly for locum GPs and a recently recruited salaried GP. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• There was no system in place to ensure that hospital letters and test results were reviewed in a timely manner when the deputy clinical lead was on leave.• Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not always incorporated into clinical practice. In particular, the co-prescribing of omeprazole and clopidogrel and, amlodipine and simvastatin.• Dispensary standard operating procedures were not always adhered to. In particular, the tracking of prescription stationery throughout the practice and, the daily transportation of prescriptions from the branch to main practice.• Medicine reviews for patients with diabetes were not always completed by an appropriately qualified clinician. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• Some clinical staff had not completed all of the mandatory training as identified by the provider.

This section is primarily information for the provider

Requirement notices

- Alerts had not been added to the records of people living in the same household as a child with a safeguarding concern.