

Olive Medical Practice

Inspection report

3 Lime Street
Blackburn
Lancashire
BB1 7EP

Tel: 01254287070

<https://www.olivemedicalpractice.co.uk>

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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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Olive Medical Practice on 25 September 2019. This was the first inspection of this service for this provider. The GP partnership providing the services at Olive Medical Practice took over the NHS contract in November 2018 and completed their registration with the CQC in August 2019.

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 **requires improvement** overall.

The GP practice was previously registered under a different provider and rated inadequate. The current registered GP partnership renamed the practice to Olive Medical Practice. The practice team were committed to improving the service they provided and were implementing a range of action plans to improve the quality and safety of the service provided.

We rated the practice as **inadequate** for providing safe services because:

- Processes around coding patients on the safeguarding register were incomplete.
- Action to follow up patients who did not attend appointments including those with a child protection plan in place was not undertaken
- Timely action in responding to patient reports and allocated clinical tasks was not evident and action to 'complete' actioned tasks was not implemented consistently.
- Timely action reviewing test results, including cytology reports was not evident.
- Monitoring of the decision making of those working in advanced clinical roles was not established.
- Systems to respond to patient safety alerts were not comprehensive.

We rated the practice as **requires improvement** for providing effective, caring, responsive and well led services and five of the population groups because:

- Some performance data was below target levels, including children's immunisation

- Feedback through the patient survey was below that of the local and England averages.
- Patient feedback indicated concerns with appointment and telephone access. The practice had responded to this by providing more appointments and introducing a patient 'query' system.
- Comprehensive quality improvement action plans were being implemented.
- The practice team were positive and enthusiastic. They told us there had been a cultural shift to inclusive team work and they were all working together to provide a quality service with patients.

We rated the practice **inadequate** for services provided for population group Working age people (including those recently retired and students) because:

- There were gaps in the range of services available to this group of patients
- Cervical screening was significantly below national averages

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Make available a child pulse oximeter.
- Take action to improve the records of patients who are also carers
- Take action to improve achievements for cervical screening and immunisations children.
- Take action to remove signage including electronic information relation the previous name of the GP surgery.

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

Dr Rosie Benneworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Olive Medical Practice

Olive Medical Practice, (3 Lime Street, Blackburn, Lancashire BB1 7EP) is located in a two storey premises situated in a residential area close to the centre of the town. There is limited on-street parking.

The practice delivers primary medical services to a patient population of approximately 7612 people via a personal medical services (PMS) contract with NHS England. The practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG). It is registered with CQC to provide the regulated activities diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures and maternity and midwifery services.

The average life expectancy of the practice population is in line with local and slightly lower than national averages (76 years for males and 81 years for females, compared to 79 and 83 years nationally).

The practice delivers services to a patient cohort consisting of 69% black and ethnic minority (BME) groups. The practice caters for a lower proportion of patients over the age of 65 years (7%) and 75 years (3%) compared to local (14% and 6% respectively) and national averages (17% and 8% respectively). The practice has a higher proportion of younger patients under the age of 18 years (32%, compared to 25% locally

and 21% nationally). The practice also caters for a lower percentage of patients who experience a long-standing health condition (37%, compared to the local and national averages of 51%).

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

The practice is staffed by three male GP partners, one salaried GP (male) and one long standing female locum GP. The GPs are supported by one long term locum advanced nurse practitioner, one practice nurse and two new clinical pharmacists. A practice manager, a deputy practice manager and a team of administrative and reception staff support the clinical team.

The practice is open between 8am and 6.30pm each weekday, with later evening appointments available on Wednesday evenings until 8.30pm. Patients are also able to access additional extended hours appointments, which are offered from local hub locations by the local GP federation on weekday evenings, and at weekends.

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling NHS 111.

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 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 requirements.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures 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> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Systems to ensure clinical performance and the management of coding, clinical tasks, and test results were not effectively implemented.• Systems to regularly review the document workflow process were not effectively implemented.• No formal recorded systems of monitoring the advanced nurse clinical decision making was established.• Systems to respond to patient safety alerts were not comprehensive. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

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 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>How the regulation was not being met:</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">• Electronic coding for patients on the safeguarding register were either incomplete or not updated.• Action to follow up patients who did not attend appointments including those with a child protection plan in place was not undertaken• Timely response to clinical reports and allocated clinical tasks were not evident and action to 'complete' actioned tasks was not implemented consistently.• Test results, including cytology reports were not reviewed within a reasonable timescale.• Monitoring decision making of those working in advanced clinical roles was not established.• Review and management of patient safety alerts were not comprehensive. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |