

Richmond Medical Centre

Inspection report

Moor Lane
North Hykeham
Lincoln
LN6 9AY
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www.richmondmedicalcentre.org.uk

Date of inspection visit: 25 May 2023
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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?	Requires Improvement 
Are services caring?	Good 
Are services responsive to people's needs?	Requires Improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive at Richmond Medical Centre on 25th May 2023. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective -Requires improvement.

Caring - Good

Responsive -Requires improvement.

Well-led - Inadequate

Following our previous inspection on January 2016, the practice was rated good overall and for Effective, caring, responsive and well-led services. It was rated as requires improvement in safe which was subsequently rated as good in a focused inspection in February 2017.

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

Why we carried out this inspection.

We carried out this inspection in response to concerns shared with the CQC. It was a comprehensive inspection which looked at:

All 5 key questions safe, effective, caring, responsive and 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 and in person.
- 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.
- Interviews with a representative from the Patient Participation Group

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

Overall summary

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

We rated the practice as inadequate for providing a safe service because:

- Assurances staff employed within the practice had been recruited in accordance with regulations had not been met.
- Systems for assessing the immunisation status of clinical and non-clinical staff were not in place.
- Findings from the practice's infection control and prevention audits and risk assessments had not been acted on in a timely manner.
- A system of clinical supervision or peer review was not in place for non-clinical prescribers.
- There were significant gaps in training which the Practice deemed mandatory such as safeguarding and infection control.
- Several of the policies we reviewed were out of date.
- There were some outstanding blood results which had not been actioned for three days.
- Some patients on long term medication had not had annual blood tests to ensure it was safe to continue prescribing their medicines.
- Monitoring and recording of the fridge temperatures was not carried out daily.
- There were out of date vaccinations and immunizations stored within the fridge.
- The emergency trolley did not have all required medicines in case of an emergency.

We rated the practice as requires improvement for providing an effective service because:

- There were 127 patients with a potential undiagnosed long term condition following blood results.
- Most clinical staff had not had an appraisal in the previous 12 months.
- Out of five clinical records viewed three patients had not being consulted or consented having a Do Not Attempt Cardiac Pulmonary Resuscitation request (DNACPR) put in place, although their records indicated they did not want to be resuscitated in the event of their death.
- Formal clinical supervision was not in place to support staff working in advanced roles.

We rated the practice as good for providing a caring service because:

- Staff treated patients with kindness, respect and compassion and helped patients to be involved in decisions about care and treatment.

We rated the practice as requires improvement for providing a responsive service because:

- Patients were unable to access care in a timely manner especially via the phone.
- However the practice responded to complaints and made changes to the service as a result.

We rated the practice as inadequate for providing a well-led service because:

- Staff told us they did not feel part of the overall practice but were managing within their teams without leadership. Staff told us the GP partners were not visible within the practice and there was a disconnect between the management and GP Partners
- Governance arrangements and policies were not always up to date, lacked clarity or not complied with.
- There was no available time for leadership within teams to support and develop staff, or non-clinical time to complete administrative tasks within the practice.

Overall summary

- There was a lack of systems in place to provide appropriate onsite supervision of non-medical prescribers, locum GPs and nurses, increasing risk to patients.
- There was a vision for the practice and staff we spoke to were aware of this, however there was no strategy to achieve it or monitor its delivery.
- Practice risk registers and action plans had been put in place however, they did not reflect all the risks we identified as part of our inspection.

We found two 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 provider **should**:

- Improve their cervical screening uptake which was below the national target of 80%
- Continue to improve their system for patients to be able to access the practice by phone.

I am placing this service in special measures. Services placed in special measures will be inspected again within 6 months. If insufficient improvements have been made such that there remains a rating of inadequate for any 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 6 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 6 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 Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff 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 and a second CQC inspector.

Background to Richmond Medical Centre

Richmond Medical Centre is located in Lincoln City at:

Moor Lane

North Hykeham

Lincoln

LN69AY

The practice has a branch surgery at:

Lincoln Road

North Hykeham

Lincoln

LN6 8NH

The practice offers services from both a main practice and a branch surgery. Patients can access services at either site. The inspection was completed at the Moor Lane site however as part of the inspection we did visit the branch site known as 'Village Site'.

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

The practice is situated within the NHS Lincolnshire West Integrated Care Board. and delivers General Medical Services (GMS) to a patient population of about 18200. This is part of a contract held with NHS England.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (2 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 estimated as 1.1% Asian, 97.7% White, and 1.2% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more female patients registered at the practice compared to males.

There is a team of 7 GPs who provide cover at both practices. The practice has a team of 14 nurses, ANPs and HCAs who provide clinics for long-term condition of use of both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and business manager are based at the main location to provide managerial oversight.

The Practice is open between 8am to 6.30pm Monday to Friday. 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 local Federation of which this Practice is one location, where late evening appointments are available these are routinely available between 6.30pm and 8pm Monday to Friday. Out of hours services are provided by Lincolnshire Community Health Services NHS Trust.

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 were not being met.

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 did not have systems in place to assess, monitor and improve the quality and safety of services.• The provider failed to ensure patients were correctly coded following diagnostic blood tests, specifically we found 127 patients with a potentially missed diagnosis of kidney failure and 17 patients with a potentially missed diagnosis of diabetes.• The provider failed to ensure patients on medicines were correctly monitored on medicines in accordance with national guidance. From our searches we found 241 patients on an ACE or ARB without a U&E blood test in the past 12 months, 86 patients on a DOAC without a full blood count and Liver Function Test in the past 12 months.• The provider did not review blood tests on the day of results arriving in the system, during the searches we found 32 outstanding 'abnormal' results awaiting review after three days of being received by the practice.• The provider did not ensure decisions taken in relation to the care of patients was correctly recorded with their consent. During the inspection we reviewed five patients with a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms coded on their notes. Out of these five patients three were coded as not for resuscitation however there was no completed ReSPECT form in place and no record of a conversation with the patient or their family.• The provider failed to include all staff in the outcomes and changes resulting from significant events. During the inspection we spoke to clinical staff who were not aware of the changes implemented from a significant event which resulted in the planned increase in awareness of paediatric observations.

This section is primarily information for the provider

Enforcement actions

This was a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

- The provider did not conduct daily checks to the medicine fridges to ensure temperatures were within a safe range for storing vaccines and immunisations.
- The provider did not monitor the expiry date of medicines within the practice, we found out of date medicines stored in one fridge and no member of staff was aware of how to dispose of it correctly.
- Although there was an infection prevention and control lead who had completed audits each year the provider failed to act on areas highlighted in the audit and subsequently the same issues were documented on future audits.
- The provider had not updated the Infection Prevention and Control (IPC) policy and we found the latest version was dated 2016.
- The provider risk assessments completed to mitigate the risk of not holding a full complement of emergency medicines on site was not adequate. Specifically, risk assessments for medicines not present included those for; Diclofenac IM injection, Dexamethasone 5mg / 2.5mg oral solution or Soluble Prednisolone Tablets and Cyclizine, Ondansetron or Metoclopramide.
- The provider failed to stock emergency medicines they deemed necessary, so they were not available in an emergency. Specifically, medicines not present during the inspection included; Benzylpenicillin or Cefotaxime, Midazolam (buccal) or diazepam (rectal) and Salbutamol Nebules with Nebuliser Equipment and/or Salbutamol Inhaler with (a large volume spacer device) and Ipratropium Bromide Inhaler.
- The provider had equipped the emergency medicines trolley with a suction device as required in case of a clinical emergency. However, they had not ensured staff were aware of how to operate the device and the enclosed instructions were not in English.

This section is primarily information for the provider

Enforcement actions

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.