Patford House Surgery Partnership

Inspection report

8a Patford Street
Calne
SN11 0EF
Tel: 01249815407
www.patfordhousepartnership.com

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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?	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 unannounced inspection at Patford House Surgery Partnership on 5 May and 10 May 2021 and conducted remote searches on the practice's clinical system on 6 and 7 May 2021. Overall, the practice is rated as Inadequate.

Set out the ratings for each key question

Safe - Requires Improvement

Effective – Requires Improvement

Caring – Requires Improvement

Responsive - Inadequate

Well-led - Inadequate

Following our previous focused inspection in December 2020 we served warning notices on the provider for breaches of Regulation 17 Good governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the quality of care they are responsible for fell below expected standards and legal requirements. This previous inspection was unrated.

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

Why we carried out this inspection

This inspection was a comprehensive inspection to confirm that the practice had met the legal requirements in relation to the warning notices served after our previous inspection in December 2020 and to follow up on areas of concern identified to CQC.

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:

- Completing clinical searches on the practice's patient records system
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider

Our findings

Overall summary

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 Inadequate overall and Inadequate for all population groups.

At this inspection we found that not enough improvements had been made to address the breaches identified in the warning notice issued for Regulation 17 Good governance. We served further warning notice to the provider for breaches of Regulation 17 Good governance and Regulation 16 Receiving and acting on complaints.

We found that:

- Processes to identify and mitigate risk relating to fire, Legionella and Covid-19 were not effective.
- The practice could not be assured that all medical equipment was safe and appropriate for use.
- Processes introduced to manage practice tasks were not adequate.
- The monitoring of patients prescribed high risk medicines and those affected by medicines alerts, did not ensure patient safety.
- The processes to ensure significant events were raised, investigated appropriately and that learning was identified and shared in a timely way with relevant staff, were not always effective.
- The practice described how the pandemic had impacted on the processing of significant events as they prioritised other patient needs during this unprecedented time.
- Staff had access to training and development. However, the processes to ensure staff remained qualified and competent for their role required improvement.
- Since the inspection the provider has submitted evidence of up to date registration checks for all clinical staff.
- The practice could not provide assurances that all patients received effective care and treatment.
- The practice collated patient feedback from a variety of sources, However, improvements relating to concerns raised by patients were limited.
- Patient access was not monitored effectively to ensure services remained accessible to all patients as required.
- The practice's complaints process was not adequate.
- Overall governance arrangements were ineffective.
- Improvements in practice culture had not been consistent to ensure all staff felt comfortable to raise concerns.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- 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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Overall summary

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

- Review oversight of monitoring of staff vaccinations to ensure practice policy is in line with national recommendations.
- Identify and implement actions to address areas of concern following patient feedback.
- Review arrangements for issuing staff rotas.
- Clinicians revalidation and appraisals should be reinstated within the timescales set out by NHS England in March 2020.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, 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 six 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 six 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 Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector and was supported by two additional CQC inspectors and a CQC medicine inspector who conducted the site visit. The team also included a GP specialist advisor who completed remote clinical searches and records reviews and also attended the site visit.

Background to Patford House Surgery Partnership

Patford House Surgery Partnership is located in Calne, Wiltshire. The surgery has good transport links. In April 2019, Beversbrook Medical Centre and Patford House Surgery merged to form Patford House Surgery Partnership. Approximately 17,000 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 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. However, one GP partner is not included on the practice's CQC registration. This was due to the provider not understanding the application process and CQC registration process and system complications. 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 practitoners, 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

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The practice had not ensured that equipment was suitable for its purpose and properly maintained. For example: • The practice were not aware and had not identified actions when medical equipment had failed calibration. The practice had not ensured that backlogs of care and treatment had been adequately assessed to ensure they were responded to appropriately and in good time. This was in breach of Regulation 12(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The practice had not ensured that staff had received appropriate, support, training, professional development, supervision and appraisal. For example: • Not all staff were up to date or had completed necessary training such as safeguarding adults and children training, fire safety, infection prevention and control and adult basic life support. • Not all staff had received safeguarding training appropriate to their role and in line with national guidance. • The practice was unable to provide assurances that clinical staff remained qualified for their role as they did not maintain up-to-date records to demonstrate this.

This section is primarily information for the provider

Requirement notices

- The practice was unable to demonstrate that all staff had received a regular appraisal and that appraisals or supervisions were conducted by an appropriate person.
- The practice could not be assured that routine supervision for non-medical prescribers took place.
- The practice had not ensured that staff responsible for applying codes on patient records had access to necessary guidance and received appropriate training.

This was in breach of Regulation 18 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: • The practice was unable to demonstrate effective oversight of complaints. • The practice was unable to demonstrate that all complaints had been acted on in line with practice policy and national guidance. • Not all complaints received by the practice had been recorded and investigated. • Not all complaints received by the practice were responded to in line with practice policy and national guidance. • The practice did not have adequate and consistent processes to act on complaints made on behalf of patients by a third-party. • The practice did not have an accessible system for receiving and recording complaints. • The practice did not ensure that learning from complaints was shared effectively with staff. • The practice had not completed complaints reviews in line with their policy and national guidance. • Guidance given to patients on how they could escalate complaints further was not always accurate. This was in breach of Regulation 16 (1) and 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • Practice processes were not established to ensure patients affected by Medicines and Healthcare products Regulatory Agency (MHRA) alerts, were routinely reviewed.

This section is primarily information for the provider

Enforcement actions

- The practice did not have 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 not fully established.
- Systems for ensuring emergency medicines were checked to ensure they were safe to use was not effective or embedded in practice.
- Systems and processes to ensure patient records were consistently updated with appropriate clinical coding were not effective.
- Systems and processes relating to the management of practice tasks were ineffective.
- The practice did not have effective processes to enable staff feedback to help drive improvement.
- There were not adequate systems to ensure oversight of significant events and that learning was identified, actioned and shared effectively.
- The practice did not have effective systems to monitor patient access to ensure care and treatment was accessible and appropriate.
- The practice did not have effective oversight to ensure staff were trained for their role and that they remained suitably qualified and competent.
- The practice did not have appropriate systems to ensure learning was shared effectively with staff.
- Oversight of Legionella was not embedded in practice.
- Systems to identify and mitigate risk relating to Covid-19 were not fully effective.
- The oversight of processes to mitigate risk relating to fire required improvement.
- The practice did not have effective oversight of prescription security.

The practice did not have appropriate systems to ensure CQC were informed of changes to membership of the partnership.