

Lakeside Healthcare at Stamford

Inspection report

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Date of inspection visit: 8 June 2021
Date of publication: 02/08/2021

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?

Inadequate



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 inspection at Lakeside Healthcare at Stamford on 7 and 8 June 2021. Overall, the practice is rated as inadequate.

The ratings for each key question are:

Safe - Inadequate

Effective – Inadequate

Caring – Requires improvement

Responsive - Inadequate

Well-led - Inadequate

Following our previous focused follow-up inspection on 22 August 2019 the practice was rated as good for providing safe services. This inspection was completed as a desktop review, carried out to assess where the practice had improved in the key question of 'safe' and to ensure that they had made the recommended improvements identified during our comprehensive inspection in November 2018. Following the desktop review, the practice was rated as good overall and for all key questions and population groups.

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

Why we carried out this inspection

This inspection was a comprehensive review of information undertaking a site visit inspection to follow up on:

- Key questions inspected.
- Areas followed up including 'shoulds' identified in previous inspection.
- Any other areas reviewed.

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:

- 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 remotely to identify issues and clarify actions taken by the provider.
- Requesting evidence to be submitted to us electronically from the provider.

Overall summary

- To ensure we gathered staff feedback we used a questionnaire which was given to staff electronically via email. To ensure we gathered patient feedback we worked with Healthwatch Lincolnshire who carried out a patient survey on our behalf.
- 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 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.

We found that:

- The practice was not providing care in a way that kept patients safe and protected them from avoidable harm.
- Patients were not always receiving effective care and treatment that met their needs.
- Staff mostly dealt with patients with kindness and respect and involved them in decisions about their care. However patients commented that their care had been impacted upon by poor access to appointments.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. However, patients were unable to access care and treatment in a timely way.
- The way the practice was being led and managed did not promote the delivery of high-quality, person-centred care.

We found three 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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, supervision and appraisal necessary to enable them to carry out the duties.

In addition the provider **should**:

- Implement the new telephone system with adequate staff resourcing to improve telephone access for patients.
- Develop the practice website to include more information on local services and practice updates.
- Improve visibility and communication between the central support function personnel in Corby Northamptonshire and the practice team.
- Provide stronger local management by recruiting an appropriately skilled practice or business manager.
- Develop staff engagement processes, and improve responses to patient feedback to enhance service user experience.

Following our inspection in June 2021, the CQC took urgent action to impose conditions on the provider's registration to keep patients safe.

Overall summary

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.

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 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. A team of CQC inspectors also helped to undertake staff interviews remotely due to the large size of the practice team, one of these inspectors also led the inspection of the practice dispensary.

Healthwatch Lincolnshire also provided us with extensive feedback from an online patient survey which they had conducted between April 29th and May 10th 2021. Patients were asked to share their experiences of accessing services at the practice, and 1,650 responses were received.

Background to Lakeside Healthcare at Stamford

Lakeside Healthcare at Stamford was created in 2017 following the merger of St Mary's Medical Centre, Sheepmarket Surgery and The Little Surgery. The practice now operates from two sites, following the closure of The Little Surgery:

Main site:

Sheepmarket Surgery

Ryhall Road

Stamford

Lincolnshire

PE9 1YA.

The practice has a branch surgery at:

St Mary's Medical Centre

Wharf Road

Stamford

Lincolnshire

PE9 2DH.

The practice offers services from both the main practice and a branch surgery. Patients can access services at either surgery. The service has an onsite dispensary situated at both sites. Both the main and branch sites were visited as part of this inspection.

The practice dispensed medicines to those patients who lived more than 1.6km from a pharmacy in line with national guidance. This amounted to approximately 8,300 patients, or approximately one quarter of the registered patient list.

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

The practice is situated within the NHS Lincolnshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of just under 31,000 patients. This is part of a contract held with NHS England.

The practice is one of eight locations of Lakeside Healthcare Partnership, a partnership of GPs and others which provides primary medical services to approximately 170,000 patients across Northamptonshire, Lincolnshire and Cambridgeshire. The organisation's central support function is situated in Corby, Northamptonshire.

The practice is part of a Four Counties Primary Care Network with another of the provider's CQC registered locations at Lakeside Healthcare at Bourne.

Information published by Public Health England report deprivation within the practice population group as nine on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The average life expectancy of the practice population is higher than the national average for both males and females (81.4 years for males, compared to the national average of 79 years and 85.5 years for females compared to the national average of 83 years).

The National General Practice Profile states that the majority of registered patients are white with approximately 1.2% Asian, and 1.5% other non-white ethnic groups.

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

There is a team of 13 GPs who provide cover at both practices, eight of whom are partners and five are salaried GPs. The practice has a lead nurse, one advanced nurse practitioner (ANP), one nurse practitioner, eight practice nurses and four healthcare assistants. The GPs are supported at the practice by a team of reception/administration and dispensary staff. The practice currently has a vacancy for a practice manager, but a transformation manager is in post for the next six months and they are supported by an operational lead and patient services lead and are based at the main location to provide managerial oversight.

Lakeside Healthcare at Stamford is a training practice for fully qualified doctors (registrars) who wish to pursue a career in general practice. These doctors work at the practice for up to one year and help to foster a learning environment. The practice also participates in the training of medical students from the University of Cambridge School of Clinical Medicine. These students are in the earlier stages of their medical training and attended the practice in different years of their study.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments are currently telephone consultations. If the GP or ANP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery. Other consultation methods such as video calls and advice via email are offered.

Extended access is provided locally in Stamford, Bourne and Market Deeping where late evening and weekend appointments are available.

Lincolnshire Community Health Services NHS Trust offers urgent medical care outside of normal GP hours, during evenings, weekends and bank holidays. These services are accessed by calling 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 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed No risk assessment had been considered for a person who carried out some work on behalf of the practice. Although they were employed through another service, the practice had not requested evidence to support that safe recruitment processes had been followed. The practice could not therefore provide us with assurance that they were a fit and proper person for that role This was in breach of Regulation 19 (1) (2) (3) 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. 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>We found that the monitoring for patients prescribed high-risk medicines was not always done in accordance with guidance. For example:</p> <ul style="list-style-type: none">• Patients were not always having the blood tests required to ensure they were safe to continue taking their prescribed medicines.• Creatinine clearance was not being calculated as per guidance when prescribing NOACs (a class of anti-coagulant medicine). <p>In addition:</p> <ul style="list-style-type: none">• Approximately 10,836 patients registered at the practice were in receipt of repeat medications, but they had not had a review of their prescribed medicines in the last 12 months.• Our remote search for the potential of missed diagnosis of diabetes identified 54 patients.• There was a lack of evidence to demonstrate that patients had an up to date care plan in place which meant that patients did not always have an accurate documented record of their individual requirements available.• Prescription medicines were being dispensed to patients after the maximum number of issues had been reached, without the prescription being re-authorised by a prescriber. <p>This was in breach of Regulation 12 (1) (2) (a)(b)(c)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014 Good governance.

How the regulation was not being met:

There were inadequate systems or processes that enabled 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. For example:

- The approach to assess, identify and manage risk was insufficient. For example, actions identified from externally contracted fire, Legionella, and health and safety risk assessments had not been progressed.
- The named GP dispensary had not signed off dispensers' competencies and did not attend dispensary meetings. Although dispensers had their competency recorded it had been signed off by the dispensary manager, and not by the lead GP for the dispensary as stated in the dispensary's Standard Operating Procedure.
- Dispensers were proactive in recording near misses and a considerable percentage of the errors had been attributed to lack of staff. Staff told us that these trends had been brought to the attention of managers, but no action had been taken to address them with a view to reducing the number of errors.

There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There was a limited programme of meetings in the practice at the time of the inspection.
- We were not assured that the system in place to record significant events and near misses was working effectively. Learning from significant events and complaints was not evident.
- Backlogs of notes summarisations, incoming correspondence, and test results were observed on the day of the inspection.

This section is primarily information for the provider

Enforcement actions

There was additional evidence of poor governance. In particular:

- From a random selection of patient records reviewed in our remote searches we found that some patient care plans had not been updated for over a year.
- Evidence of staff vaccinations were not available on the day of the inspection.
- Staff and patient feedback were not being used to influence service review and development.
- There was no performance monitoring of prescribing practices of non-medical prescribers.

This was in breach of Regulation 17(1) (2) (a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- There was a lack of oversight in the clinical leadership and governance systems required in relation to staff training, appraisal, and mentoring arrangements for new staff, or those assigned new responsibilities. For example, competency assessments and completion of the practice's mandatory training requirements.

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