

# Nuffield Road Medical Centre

## Inspection report

Nuffield Road  
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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?

Good



Are services well-led?

Requires improvement



# Overall summary

**This practice is rated as Requires Improvement overall.** At the previous inspection in March 2016 the practice was rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Nuffield Road Medical Centre on 7 August 2019 as part of our inspection programme.

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.

**At this inspection, the practice was rated as requires improvement for providing safe services because:**

- The practice's system of recruitment checks was not fully effective. We found one clinical member of staff did not have a DBS check completed. In addition to this, the practice was unable to provide evidence of the immunisation status of staff.
- We found the practice did not have an effective fire risk assessment completed; we identified fire risks which had not been recorded in the fire risk assessment completed one week before our inspection.
- Concerns highlighted in an external health and safety risk assessment completed in July 2019 had not been identified during the fire risk assessment and no actions had been completed.
- The practice did not provide evidence to show equipment had been calibrated.
- No infection prevention and control audit had been completed in the practice since 2017. We found some areas of concern; for example, a sharps waste bins left on a consultation room floor and paint and plaster coming away from the walls in one treatment room.

- The practice did not have a system in place for managing the security of prescription papers.

**At this inspection, the practice was rated as good for providing effective services to older people and vulnerable people. The practice was rated as requires improvement for providing effective services to people with long-term conditions, families, children and young people, working aged people (including those recently retired and students) and people with poor mental health (including people with dementia) and therefore overall because:**

- The practice's Quality and Outcomes Framework performance for long-term conditions and mental health was lower than the CCG and England averages. We reviewed submitted but unverified 2018/2019 data and found this performance had continued.
- The practice's childhood immunisation uptake rate was lower than the 90% target rate and no action had been taken to improve this.
- The practice's cervical screening uptake rate was lower than the 80% target rate and no action had been taken to improve this.
- The practice did not target quality improvement activity to areas of poor performance.

**At this inspection, the practice was rated as good for providing caring and responsive services.**

**At this inspection, the practice was rated as requires improvement for providing well-led services because:**

- We found the practice did not always have governance structures and systems in place, and where they were in place, these were not always effective.
- We found that despite the practice identifying a number of risks and performance issues through their internal audit process, these were not always monitored and actions had not been taken.
- The practice did not have documented records to confirm staff received an annual appraisal, supervision or competency checks. Some staff confirmed they had received an appraisal and had on-going supervision but this was not recorded.

However, we also found that:

- The practice had implemented a 'Doctor First' system and recruited new clinical staff to support patients accessing the practice.

# Overall summary

- The practice completed an annual report for a number of years and allowed the practice to monitor performance and review against previous years. The practice could analyse trends and use the information to assess staffing levels and competencies; however, this didn't target areas of poor performance.
- Patients we spoke with told us they were happy to be registered at the practice.
- We received 27 CQC patient comment cards, all of which were wholly positive.
- Staff told us morale was high and they felt well supported by the practice management team.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review and improve the practice's antibiotic prescribing rate.
- Review and improve the number of health checks provided.

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

**Dr Rosie Benneyworth** BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and the team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Nuffield Road Medical Centre

Nuffield Road Medical Centre provides services to a population of approximately 14,000 patients in the Cambridge city area. The practice is contracted to provide Primary Medical Services by Cambridgeshire and Peterborough Clinical Commissioning Group.

The practice consists of seven GPs (two male and five female). Three of which are partners who hold financial and managerial responsibility for the practice. In addition to the GPs, the clinical team consists of one nurse practitioner, two practice nurses, four healthcare assistants, an emergency care practitioner and a clinical pharmacist.

The clinical team is supported by a practice manager and a team of secretarial, administrative and reception staff. The practice is also a training practice and supports medical students.

The practice opens between the hours of 8am and 6pm, Monday to Friday. The practice also offers extended hours appointments on evenings and weekends through a Federation of local practices. The practice serves as a hub for the extended access service. In addition to this, a service is provided by Herts Urgent Care, by patients dialling the NHS 111 service.

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 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 <ul style="list-style-type: none"><li>• The practice's system of recruitment checks was not fully effective. We found one clinical member of staff did not have a DBS check completed. In addition to this, the practice was unable to provide evidence of the immunisation status of staff.</li></ul>
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 <ul style="list-style-type: none"><li>• We found the practice did not have an effective fire risk assessment completed; we identified fire risks which had not been recorded in the fire risk assessment completed one week before our inspection.</li><li>• Concerns highlighted in an external health and safety risk assessment completed in July 2019 had not been identified during the fire risk assessment and no actions had been completed.</li><li>• The practice did not provide evidence to show equipment had been calibrated.</li><li>• There were ineffective systems and processes for managing infection prevention and control.</li><li>• The practice did not have a system in place for managing the security of prescription papers.</li><li>• The practice did not target quality improvement activity to areas of poor performance.</li><li>• The practice did not evidence that staff received an annual appraisal, supervision or competency checks.</li></ul>