

Riverside Practice

Inspection report

The Riverside Practice
23 Marylebone Road
March
PE15 8BG
Tel: 01354661922
www.riversidepractice.com

Date of inspection visit: 09 March 2022
Date of publication: 13/05/2022

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 to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at The Riverside Practice on the 9 March 2022. Overall, the practice is rated as Requires Improvement.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Cambridgeshire and Peterborough. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

Following our previous inspection on 9 December 2016, the practice was rated Good overall and for providing Safe, Effective, Caring Responsive and Well-led services.

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

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 clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- 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 Requires Improvement overall.

Safe – Requires Improvement

Effective – Requires Improvement

Caring – Good

Overall summary

Responsive – Requires Improvement

Well-led - Requires Improvement

We rated the practice **requires improvement** for providing **safe** services because:

- The practice did not always manage test results in a timely manner;
- The management of MHRA safety alerts did not consistently include all relevant alerts.
- The practice had met the recommended standards for childhood immunisations.
- The practice did not have a process in place to demonstrate prescribing competencies of non-medical prescribers;
- Systems for the appropriate and safe use of medicines required strengthening;
- The practice learned and made improvements when things went wrong;

We rated the practice **requires improvement** for **effective** services because:

- Not all patients with long-term conditions had been offered a structured annual review.
- Uptake rates for the cervical screening programme remained below the national target.
- The practice did not have a programme of targeted quality improvements in place.
- A system to review competencies for all staff was not fully in place.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were not always reviewed and documented in line with relevant legislation.

We rated the practice **good** for **caring** services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- National GP patient survey results were mainly in line with national and local targets.
- Complaints were handled in a timely manner.

We rated the practice **requires improvement** for **responsive** services because:

- National GP patient survey results for accessing services had continued to remain below local and national targets.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

We rated the practice **requires improvement** for **well-led** services because:

- There was limited evidence of governance systems and process, in relation to identifying, managing and mitigating risk to patients.
- Not all staff knew and understood the vision, values and strategy of the practice.
- The practice did not have a quality improvement programme in place.
- Leaders and staff working at the practice had a commitment to improve.

We found breaches of regulations, the provider **must**:

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

Overall summary

The areas where the provider **should** continue to make improvement are:

- Evaluate systems and arrangements in place for advanced care planning, end of life care and DNACPR decisions to ensure they are clearly documented and communicated.
- Continue to explore and improve patient access to the service.
- Restart plans to carry out a patient survey and act on feedback.
- Ensure staff understand the vision, values and strategy.

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

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 who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Riverside Practice

Riverside Practice is located in March, Cambridgeshire at:

23 Marylebone Road

March

PE15 8BG

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

The practice is situated within the Cambridge & Peterborough Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 7,870. This is part of a contract held with NHS England.

The practice is part of The Fenland Primary Care Network (PCN), made up of four GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (five 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 96% White, with the remainder being made up of Asian, Black and Mixed ethnicity.

The age distribution of the practice population has a slightly higher older population than national averages and is in line with local averages and slightly lower working age population.

There is a team of 2 GP partners and 1 GP who provide cover at the practice. The practice has a team of nurse practitioners and nurses, who provide nurse led clinics. The GPs are supported at the practice by a practice management team and a team of reception/administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, GP appointments were a mixture of telephone consultations and face to face appointment.

Extended access is provided locally at minor injury units and walk in centres, where late evening and weekend appointments are available. Out of hours services are accessed via 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 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• Not all abnormal test results had been actioned appropriately.• Cervical cancer screening performance was below national targets.• A programme of targeted quality improvement was not in place.• National GP Survey access results continued to be below local and national averages and there was limited evidence of seeking feedback to assess patient experiences.• Systems and process, in relation to identifying, managing and mitigating risks to patients was not embedded.
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 <ul style="list-style-type: none">• A system to assure the competence of all staff, including non-medical prescribers was not fully in place.• The management of patients' health in relation to the use of high-risk medicines was not always in line with national guidance.• The system for managing and acting on Medicines and Healthcare produced Regulatory Agency (MHRA) alerts was not fully in line with national guidance.• Not all patients with long term conditions had received the required monitoring