

# Dr Jones & Partners

### **Inspection report**

15 Dereham Road Mattishall Dereham NR203QA Tel: 01362850227 www.mattishallsurgery.co.uk

Date of inspection visit: 17 April 2023 Date of publication: 18/05/2023

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	Not inspected
Are services safe?	Inspected but not rated
Are services effective?	Inspected but not rated

# Overall summary

We previously carried out an announced comprehensive inspection at the practice on 13 December 2022. The practice was rated as inadequate overall and placed into special measures. As a result of the concerns identified, we issued the practice with a warning notice relating to a breach of Regulation 12, Safe Care and Treatment on 15 December 2023.

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

#### Why we carried out this inspection

We undertook a focused review on 17 April 2023 to verify that the practice had addressed the issues in the warning notice and now met the legal requirements. This report only covers our findings in relation to those requirements and will not change the ratings.

At the inspection, it was found that the provider had made some improvements to mitigate some of the risks identified in the warning notice.

#### How we carried out the review

This review was carried out without an onsite visit.

This included:

- Conducting staff interviews using video conferencing.
- 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.

#### **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 found that the provider had made improvements to mitigate some of the risks identified in the warning notice. For example:

- We found processes for monitoring patients with long-term conditions had improved, however, the systems and processes needed further embedding and monitoring to be fully effective and to ensure they would be sustained.
- We found that whilst the number of open tasks had been reduced, there were still multiple open tasks which required completing. We therefore could not be assured that all tasks were managed effectively.
- We found that DBS checks had been carried out for all staff members.
- We found that the practice had improved their oversight of staff immunisations however this had not yet been fully completed.
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# Overall summary

- We found that whilst a supervision policy had been written, the practice had not implemented the policy and no supervisions were taking place.
- We found that the fire risk assessment for both sites had been recently completed and an action plan written, yet the legionella risk assessment had not been satisfactorily completed.
- We found that improvements had been made to the dispensary at the Lenwade Surgery.

We found a breach of regulations. The provider **must**:

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

### The provider **should**:

- Continue to monitor and embed the new systems and processes which have been implemented to ensure they continue to be effective and are sustained.
- Review the monitoring of the temperature of the refrigerators and implement any actions from the significant event raised as a result of an increased fridge temperature.

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 Hospitals and Interim Chief Inspector of Primary Medical Services

### Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities. 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.

### Background to Dr Jones & Partners

Dr. Jones and Partners is located in Dereham at:

Mattishall
Dereham
Norfolk
NR20 3QA. There is a dispensary at this site.
The practice has a branch surgery in the nearby village of Lenwade, which also has a dispensary, at:
Lenwade Surgery

The Street,

15 Dereham Road

Lenwade,

Norwich,

Norfolk,

NR9 5SD

Both of these sites were inspected as part of this inspection.

Patients can access services at either surgery.

The provider is registered with CQC to deliver the Regulated Activities:

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

The practice is situated within the Norfolk and Waveney Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 8,650. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices Mid Norfolk PCN.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (7 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 99% White and 1% Mixed.

There is a team of 3 GPs partners who provide cover at both practices. The practice has a team of nurses who provide nurse led clinics for long-term conditions at both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at the main location to provide managerial oversight. There is also a team of dispensary staff.

The practice at 15 Dereham Road is open between 8.30am to 6pm Monday to Friday. Lenwade surgery is open on Mondays between 8.30am and 1pm and between 2pm and 6pm, and on Tuesdays, Thursdays and Fridays between 8.30am and midday. 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 PCN, where late evening and weekend appointments are available. Out of hours services are provided by IC24.

## 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	Regulation 17 HSCA (RA) Regulations 2014 Good
Family planning services	governance
Maternity and midwifery services	<ul> <li>The practice did not have fully effective and embedded processes for monitoring patients' health in relation to</li> </ul>
Surgical procedures	the use of some medicines and long-term conditions.
Treatment of disease, disorder or injury	<ul> <li>We found that clinical supervisions of non-medical prescribers were not being consistently carried out or recorded.</li> <li>We found that, at the time of the inspection, the legionella risk assessment had not been carried out by an appropriately trained person and had not been fully completed.</li> <li>The practice did not have oversight of the vaccination history and where appropriate, blood test results held in all staff records to ensure that staff and patients were kept safe from harm.</li> <li>We found a large number of open tasks on the computer system so we could not be assured that all tasks were managed effectively.</li> <li>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</li> </ul>