

Richmond Medical

Inspection report

Acorn Primary Care Centre
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Accrington
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Date of inspection visit: 11 November 2021
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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?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Richmond Medical on 11 November 2021. Overall, the practice is rated as requires improvement.

Safe - Requires improvement

Effective - Requires improvement

Caring - Requires improvement

Responsive - Good

Well-led - Requires improvement

This was the first inspection of this GP practice under this registered provider. At the time of this inspection one of the registered GP partners had left the practice and the provider's CQC registration required updating to reflect this change.

Why we carried out this inspection

This inspection was a comprehensive rating inspection where we reviewed all five key questions.

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 site visit
- Speaking with external stakeholders

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.

Overall summary

We have rated this practice as Requires Improvement

We found that:

- Safeguarding training for clinical staff was not always to the appropriate level.
- The infection prevention and control (IPC) audit was out of date and evidence that staff had received IPC training was not available.
- Risk assessments to determine the range of emergency medicines held by the practice were not in place for two main medicines.
- Systems to monitor clinical decision making for those working in advanced clinical roles were informal with a process to check professional registration not always taking place.
- Systems of monitoring and governance to provide oversight and quality assurance were in the early stages of development, leading to gaps in areas such as patient satisfaction, staff training and quality assurance.
- The practice had implemented systems to ensure they provided care in a way that kept patients safe and protected them from avoidable harm. This included implementing and following national and local guidelines to keep people safe throughout the COVID-19 pandemic.
- Staff told us they responded to patients with kindness and respect and involved them in decisions about their care.
- The practice team were positive and enthusiastic. They told us about the challenges they had faced and how determined they were to provide a quality service for patients.

We found 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.

The provider **should**:

- Develop and implement initiatives to obtain and improve patient feedback regarding their experience of the practice and consider re-introducing a Patient Participation Group (PPG) to explore ways of involving patients in how the service is delivered.
- Continue to explore ways to improve patient uptake in areas of cervical screening and child immunisations.
- Expand the incident reporting procedure to capture less serious incidents to assist quality improvement and service development.
- Complete the data cleanse of the carers register and improve the records of patients who are carers.

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

Background to Richmond Medical

Richmond Medical is located in Accrington which is a town in the Hyndburn borough of Lancashire, England. The GP practice is located within a health centre building where other NHS services are also available. The practice address is:

Acorn Primary Health Care Centre

421 Blackburn Road

Accrington

Lancashire

BB5 1RT

The provider is a registered partnership of two female GPs and one non clinical female. However, one of the GP partners had left the practice and the registration with CQC required updating to reflect this change.

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

The practice is situated within the East Lancs Clinical Commissioning Group (CCG) and delivers Primary Medical Services (PMS) to a patient population of 6387.

The practice is part of a wider network of GP practices known as Hyndburn Central Primary Care Network (PCN). The PCN provides services to approximately 41,000 patients from across five GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one 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 62% White, 36% Asian and 1% Other.

The practice has a bigger patient population of young people aged 18 and under and a much smaller population of patients aged 50 and above when compared with local and national averages. Life expectancy within the local area is lower than national averages for both male (74.4) and female (78) when compared with data from 2020, that showed males average life expectancy was 78.7 years and females was 82.7 years.

There is one female GP partner and one female salaried GP and two male locum GPs working at the practice. They are supported by a nursing clinical team that includes one advanced nurse practitioner three practice nurses, one diabetes specialist nurse (one day per week) and a nurse associate. The clinical team are supported by a practice manager, an office manager and a team of administrative and reception staff.

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 offered following triage procedure and in the main these are telephone consultations. Face to face appointments are offered to patients where this is assessed as clinically necessary.

Extended access is provided locally by Lancashire EU of GPs Limited, where late evening and weekend appointments are available. Out of hours services are provided by 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Some clinical staff were only trained to level two for safeguarding of children.• The IPC audit was last performed in February 2020 and evidence that staff had received IPC training was not available with no clear IPC lead in place.• A medicine to respond to medical emergencies such as a suspected epileptic seizure or to treat suspected bacterial meningitis were not available nor was a risk assessment to support the practice's decision not to stock these available. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>How the regulation was not being met:</p> <p>An overarching system of continuous quality improvement was not yet fully established. This had led to gaps in governance arrangements for example:</p>

Requirement notices

- There was no formal process to monitoring clinical decisions and prescribing practices undertaken by clinical staff working in advanced roles.
- Evidence to demonstrate staff were fully trained in all areas of mandatory training, was not available and a system to allow management to monitor staff training status with dates was in the early stages of development .
- Records to demonstrate clinical staff immunisation status for Hepatitis B were incomplete.
- Annual professional registration checks were not taking place and some recruitment checks were not completed to a consistent standard.
- Due to the infancy of the quality improvement process, gaps in various aspects of the service and patient journey were identified throughout the inspection.

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