

Orton Bushfield Medical Centre

Inspection report

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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

Inadequate



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out a comprehensive inspection of Orton Bushfield Medical Centre on 9 June 2015. The practice was rated as requires improvement for providing safe and effective services and good for providing responsive, caring and well-led services. As a result of the findings on the day of the inspection the practice was issued with requirement notices for Regulation 9 (Person-centred care) and Regulation 19 (Fit and proper persons employed). A further inspection was completed on 8 March 2016 to follow up on the breaches of regulation. Following this inspection, the practice was rated as good overall and for all key questions.

We carried out a comprehensive inspection of Orton Bushfield Medical Centre on 27 July 2018. The practice was rated as inadequate overall with ratings of inadequate for providing responsive and well led services, requires improvement for safe, effective and for caring services. As a result of the findings on the day of the inspection the practice was issued with a warning notice for Regulation 17 (Good governance).

A further inspection was completed on 18 December 2018 to follow up on the breaches of regulation. Following this inspection, we found the practice had made sufficient improvements to satisfy the warning notice for Regulation 17 (Good governance). A requirement notice remained in place for Regulations 17 & 19 (Fit and proper persons employed).

You can read our findings from our last inspections by selecting the 'all reports' link for Orton Bushfield Medical Centre on our website at .

This inspection was an announced comprehensive inspection. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

At this inspection we found:

- The practice had made and sustained improvements to the monitoring of patients prescribed high risk medicines since our previous inspection visit in September 2018.
- The practice had implemented a new appraisal system to ensure they are able to monitor staff performance and to enable staff to provide feedback; however, the practice was unable to provide evidence on how clinical staff were competency assessed.

- The practice had implemented a new training matrix to ensure oversight of staff training, where training was found to be overdue, the practice had booked members of staff on relevant courses.
- The practice had obtained copies of building risk assessments relating to fire safety, health and safety and legionella; however, the practice had not gained oversight on the actions required. The legionella risk assessment was due for review in January 2019 and at the time of inspection this had not been completed.
- We found the practice had implemented monthly clinical and non-clinical meetings, which were all recorded and distributed amongst all staff. However, the improvements had not been sustained and meeting records we reviewed were not always accurate or detailed.
- The practice's new process for handling, recording and learning from significant events and complaints was not always effective.
- We found a single glucose tablet with an expiry date of October 2018.
- The practice's Quality Outcomes Framework performance had not improved since our last inspection and some indicators had declined since the previous inspection and exception reporting had increased.
- The practice had started to implement a process of responding to patient feedback. The practice had started to respond to all patients on NHS Choices and had implemented a new telephone system in response to the GP National Patient Survey. However, the effect of the new telephone system was unclear as it had not been evaluated.
- The practice's uptake of some childhood immunisations was below World Health Organisation targets.
- The practice was unable to provide us with an accurate list of carers they supported due to a coding issue, the practice were aware of this and planned to review their records.
- Patient feedback in relation to the caring attitude of staff had improved since the previous inspection.
- Staff feedback was positive in relation to working at the practice and being supported by the leadership team.

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

Overall summary

- We found that staff recruitment and ongoing checks were not always completed. This was previously raised at our September 2018 inspection.
- We found a lack of oversight of risk assessments to ensure patients and staff would be kept safe; for example, legionella risk assessment, portable appliance testing and actions arising from fire risk assessment. This was previously raised at our September 2018 inspection.
- We found a single glucose tablet with an expiry date of October 2018.
- The process for managing significant events was not always effective; this was previously raised at our July 2018 and December 2019 inspections.

At the previous inspection, the practice was rated as requires improvement for providing effective services. At this inspection, the practice was rated as requires improvement for providing effective services because:

- The practice's uptake of childhood immunisations was below the World Health Organisation target percentage of 90% or more and this was on a downward trajectory from previous years.
- The practice's performance for mental health indicators was below the CCG and England averages and the practice had no actions in place to try to drive improvement in this performance.
- The practice had not fully embedded or sustained actions since our previous inspection in July 2018. For example, the oversight of clinical staff competencies was unclear.

At the previous inspection, the practice was rated as requires improvement for providing caring services. At this inspection, the practice was rated as good for providing caring services.

At the previous inspection, the practice was rated as inadequate for providing responsive services. At this inspection, the practice remained rated as inadequate for providing responsive services because:

- Patient feedback through the GP National Patient Survey, NHS Choices, Google reviews and feedback on the day of the inspection was negative in relation to accessing the practice. The practice had installed a new

- telephone system to create further telephone lines but continued to only use one member of staff to answer the lines. The new telephone system had also not been evaluated by the practice to monitor any improvement.
- Patients we spoke with on the day of the inspection told us how difficult it was to access the practice by telephone and gave us examples of the difficulties they faced when trying to make appointments.
- The process for recording and handling and learning from complaints and feedback was still not effective.

At the previous inspection, the practice was rated as inadequate for providing well-led services. At this inspection, the practice remained rated as inadequate for providing well-led services because:

- We found the practice had not made improvements to address all of the concerns noted in our previous inspection reports. Where the practice had made improvements, not all of these had been sustained.
- During this inspection we identified new concerns.
- We found a lack of leadership capacity and capability to successfully manage challenges and implement and sustain improvements.
- We found the practice were in breach of registration regulations due to the previous partnership dissolving and the practice not correctly re-registering as a single-handed provider. We acknowledge that an application had been made; however, this required further information to enable the registration to be progressed.
- We found the governance systems and the oversight of the management did not ensure that services were safe and that the quality of those services was effectively managed.

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.

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

- Review and improve the process for identifying carers at the practice.
- Review and improve the process for embedding competency checks for new clinical staff.

Overall summary

- Review and improve Quality Outcomes Framework exception reporting for diabetes indicators and outcomes for people experiencing poor mental health.
- Review and improve the practice's uptake of cancer screening programmes.
- Review and improve system for patients to access the practice by telephone.

I am keeping 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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. 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.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Orton Bushfield Medical Centre

Orton Bushfield Medical Centre is located in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area and is contracted to provide general medical services to approximately 5,403 registered patients.

The practice was a single-handed provider who held overall financial and managerial responsibility for the practice, and a salaried GP. The practice also employs a practice manager and deputy manager, an advanced nurse practitioner, two nurses, a healthcare assistant and a number of reception and administrative staff.

We found the practice were registered incorrectly and the previous partnership had dissolved. The practice were operating as a single-handed provider but were not

correctly registered with the Care Quality Commission. The Provider had submitted an application but this had not been successful; the Provider was making attempts to submit a new application.

The practice is open between 8am to 6pm Monday to Friday apart from between 1pm and 1.30pm when the practice closes for lunch. Outside of practice opening hours out of hours care is provided by another health care provider, Herts Urgent Care, via the 111 service.

According to Public Health England information, the patient population has a slightly higher than average number of patients aged 0 to 29 years, and a lower than average number of patients aged 70 to 85 plus years compared to the practice average across England.

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 | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of oversight to ensure systems or processes that to enable the registered person to assess, monitor, and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was little future planning at the practice, including succession planning and challenges to quality and sustainability.• Governance structures, systems, roles and responsibilities were not always in place leading to ineffective systems.• The systems in place to ensure the practice had oversight of all risk assessments relating to the health and safety of the premises to ensure patients and staff were kept safe from harm were ineffective.• The process for recording and handling significant events and complaints was not effective.• The practice's performance on World Health Organisation childhood immunisation programmes was below national targets for three out of four and the practice had no plans in place to review or address this.• The process for managing staff recruitment checks was not always effective.• The minutes of clinical and non-clinical meetings were not always accurate. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |