

Rushden Medical Centre

Inspection report

Adnitt Road
Rushden
NN10 9TR
Tel: 01933412666
www.rushdenmedicalcentre.com

Date of inspection visit: 26 August 2022
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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?

Good



Are services effective?

Good



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Rushden Medical Centre on 26 August 2022. Overall, the practice is rated as requires improvement.

Safe - good

Effective - good

Caring - requires improvement

Responsive - requires improvement

Well-led - good

Following our previous inspection on 28 May 2022 the practice was rated good overall and for all key questions.

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

Why we carried out this inspection

We carried out this inspection to follow up on concerns reported to us by patients. This was a comprehensive inspection and looked at:

- Key questions inspected, are services safe, effective, caring, responsive and well-led.
- Concerns reported to CQC.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

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.
- 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 found that:

Overall summary

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs. Processes were in place to monitor patients' health in relation to the use of medicines including high risk medicines. However, for one medicine the current guidelines had not been followed. Immediately following the inspection the practice informed us that they had changed the schedule and were asking affected patients to attend for a review.
- Significant event analysis was used to learn and made improvements when things went wrong.
- Patients generally received effective care and treatment that met their needs. The practice had identified that blood tests for some patients diagnosed with hypothyroidism were overdue monitoring and had started to contact patients to make appointments.
- There was a programme of quality improvement in place. Audits of medicines prescribing were completed to ensure and demonstrate that best practice and current guidelines had been followed. Second cycle audits showed improvements had been made.
- The published cervical cancer screening showed that the practice had not met the target of 80% set by the UK Health and Security Agency. The practice had taken actions to improve the uptake of cervical screening.
- Patient feedback directly to CQC and via online forums was negative regarding the care they received at the practice. The National GP Patient Survey scores published in July 2022 showed a decline in patient satisfaction with the service relating to access.
- The practice had an action plan in place to improve patient satisfaction. However, plans were in their infancy and too early to assess the impact of the changes.
- The practice had installed a new telephone system to improve access.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The practice was led by two GP partners and a management team. They were aware of patient feedback and were putting actions in place to promote the delivery of high-quality, person-centre care.
- The provider responded positively to the inspection that was announced with a reduced notice period due to concerns raised by patients.
- The practice had made changes to the leadership of the practice within the previous 12 months. The operations manager was supported by a patient relation manager and a human resources manager.

Whilst we found no breaches of regulations, the provider **should**:

- Follow current treatment guidelines when monitoring patients.
- Continue to take measures to improve the uptake of cervical screening.
- Continue to take measures to improve patient satisfaction with the service.

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 and undertook a site visit. The team included two GP specialist advisors who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Rushden Medical Centre

Rushden Medical Centre is located in Rushden at:

Adnitt Road

Rushden

Northamptonshire

NN10 9TR

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

The practice is situated within the Northamptonshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 10,610. This is part of a contract held with NHS England.

The practice is a member of a primary care network (PCN) that enables them to work with other practices in the area to deliver care.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh decile (seven 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, 1% Asian, 1% Black, 1% Mixed and 1% Other.

The age distribution of the practice population closely mirrors the local and national averages.

The provider is part of a wider organisation that manages other GP practices both locally and in the north of the country. The practice has two male GP partners who do not work in the practice on a daily basis but are available for remote clinical support and oversight. They will work in the practice if there are any absences. There are two salaried GPs, one male and one female. The nursing team consists of four advanced practitioners, three practice nurses and two health care assistants, all female. There is a nurse manager who works remotely as part of the wider organisation. The clinicians are supported by a team of administrative and reception staff all led by an operations manager. There is a human resources manager and a patient relation manager who both work across other practices in the organisation.

The practice is open between 8am to 6.30pm Monday to Friday. 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 East Northants Hub, which is part of the PCN, where late evening and weekend appointments are available.

When the practice is closed, out of hours services can be accessed via the NHS 111 service.