

St Neots Health Centre

Inspection report

24 Moores Walk
St. Neots
PE19 1AG
Tel: 01480219317

Date of inspection visit: 12 December 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?

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 St Neots Health Centre on 12 December 2022. Overall, the practice is rated as requires improvement. We rated the key questions as follows;

Safe – Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Requires improvement

Well-led - Requires improvement

When this service registered with CQC, it inherited the regulatory history and ratings of its predecessor. This is the first inspection of St Neots Health Centre under the registered provider One Medical Group who became the provider from December 2021. Following our previous inspection under the predecessor, the practice was rated requires improvement overall.

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

Why we carried out this inspection

We carried out this inspection to follow up concerns from the previous inspection and in line with our inspection priorities. This was a first comprehensive inspection under a new provider. St Neots Health Centre is one of 16 primary care locations under the provider One Medical Group. The provider registered this location with the Care Quality Commission in December 2021.

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 site visit.
- Staff questionnaires.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected

Overall summary

- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- The practice leaders recognised that the challenges of providing sufficient staff levels sometimes affected the effective care and treatment to all patients and had recently recruited key members of staff.
- The practice did not have sufficient systems and processes in place to ensure good governance to protect all patients and staff from the risk of harm.
- The systems and process in place did not always ensure all medicines were prescribed to all patients safely.
- The practice had an action plan to address the backlog of appropriate reviews for patients with a long-term condition.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patient feedback reflected difficulty in accessing the practice to make appointments. Patients reported long waits on the telephone to get through to the practice.

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.

In addition, the provider **should**:

- Continue to encourage patients to attend for the national cervical screening programme to increase uptake and for NHS health checks.
- Continue to identify and offer support to carers within the practice.
- Continue to gain and monitor patient feedback to drive improvements for access to the practice.
- Strengthen the system for investigating, recording and learning from significant events and complaints.

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

Background to St Neots Health Centre

St Neots Health Centre is located in St Neots at:

24 Moores Walk

St Neots

Cambridgeshire

PE19 1AG

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 Cambridge and Peterborough Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 6,940 patients. This is part of a contract held with NHS England.

The practice also delivers walk in centre services as part of an Alternative Provider Medical Services (APMS) to no more than 33 patients per day.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second highest decile (8 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 1.9% Asian, 95.1% White, 1% Black, 1.8% Mixed, and 0.2% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of 3 locum GPs who support the practice, the practice told us a full time GP would be in post from January 2023. There is 1 practice nurse, 2 advanced paramedics, 1 health care assistant and 8 administrative staff. There is a practice manager and business manager who work at the practice to provide managerial oversight.

The practice is open between 9 am to 6 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services are provided by the walk-in centre which is open to registered and non-registered patients between 8am-9am and 6pm-8pm Monday to Friday. Weekend appointments for the walk-in centre were available 9am-4pm.

The practice is part of a wider network of GP practices within West Cambridgeshire GP Federation and patients were able to book appointments by calling the practice to book. All other appointments outside of this time, patients were advised to call NHS 111.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The systems and process in place did not always ensure all medicines were prescribed to all patients safely.• We found the practice did not have effective systems and processes to ensure staff had been recruited safely. We found the practice had not undertaken a DBS check prior to a staff member working at the practice and there was no risk assessment in place and some recruitment checks had not been undertaken.• The practice did not have an effective system to identify, record and monitor risks, to ensure all actions were completed.• The practice system and process to manage patient safety alerts had not ensured all alerts were actioned in a timely way.• The practice system and process did not ensure that all staff received all training the practice deemed mandatory.• The practice did not have an effective system to ensure that all staff had received documented and appropriate support, appraisal and assessment to improve the quality and safety of the services provided. Not all patients with a learning disability had received an appropriate assessment of their health within the past 12 months.• The system of governance and monitoring performance was not effective. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>