

Maple Access Surgery

Inspection report

Maple House
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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?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out a follow up comprehensive inspection at Maple Access on 17 December 2019, following an inspection on 7 May 2019 which rated the practice as Inadequate. We took enforcement action against the provider and placed the practice in special measures at that time.

At this inspection we also followed up on breaches of regulations 17 (Good Governance) and 18 (Staffing) identified at a previous inspection on 7 May 2019.

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 have rated this practice as requires improvement overall.

We rated the practice as **requires improvement** for providing effective, responsive and well-led services because:

- Some performance data was significantly below local and national averages.
- Exception reporting was high and although the practice was working to reduce this, further improvement was needed.
- Cancer screening and immunisation rates were significantly below national averages and although the practice was working to improve this, further improvement was needed.
- Systems and processes to ensure good governance in accordance with the fundamental standards of care required had not always identified the shortfalls within the service.
- Complaints were not being effectively managed and responded to.

We rated the practice as **good** for providing safe and caring services because:

- The premises were now being managed safely and staff reported to feel safe working at the practice.
- Emergency medicines were in place as required.
- Recruitment checks were now being done as required and staffing levels were sufficient.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patient feedback about improvements in patient care was positive and reflected the improvements made at the practice since our last inspection.

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:

- Continue to improve the uptake of patients for the national cancer screening programme and child immunisations.
- Continue to improve the performance rates for the prescribing of Hypnotics at the practice.
- Continue to reduce the exception reporting at the practice.

This service was placed in special measures in June 2019. We acknowledge the improvements made since the last inspection. However, insufficient improvements have been made such that there remains a rating of inadequate for working age people. The service will therefore remain in special measures and another inspection will be conducted within six months and if there is not enough improvement, we will review the position and consider whether there is a need to take further action.

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

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector.

Background to Maple Access Surgery

Maple Access Partnership is a purpose built two storey building in the centre of Northampton providing primary medical services to a diverse population of approximately 12,200 patients. The practice hold the contract for the Violent Patient Scheme within Northamptonshire and also take referrals from out of the area.

The practice has a Personal Medical Services (PMS) plus contract which allows them to tailor more specialised services to a particular patient group and receive additional funding to do this. The practice has a higher than average vulnerable patient population including patients with substance misuse issues, complex mental health needs and 8% of patients being of no fixed abode. The practice population is culturally diverse with almost 50% of the practice population not having English as a first language.

The practice has a registered manager in place. A registered manager is an individual registered with CQC to manage the regulated activities provided. The registered manager is the lead GP at the practice.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice's clinical team is led by the provider (principal GP). There are three clinical partners and one salaried GP. The practice has a lead nurse practitioner, a prescribing nurse, two practice nurses and a health care assistant. There are five members of the reception team, a number of administrative roles as well as a mental health team in place at the practice.

The practice has opted out of providing an out-of-hours service. However, the provider is available outside usual surgery hours, with the practice's phone line being routed to an answering service, which will pass on messages. Otherwise, patients calling the practice when it is closed relate to the local out-of-hours service provider via 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 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.
Maternity and midwifery services	Lack of oversight in relation to staff training and Patient Group Directions.
Surgical procedures	Lack of effective management of complaints.
Treatment of disease, disorder or injury	