

# Upwell Health Centre

## Inspection report

Townley Close  
Upwell  
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[www.upwellhealthcentre.nhs.uk](http://www.upwellhealthcentre.nhs.uk)

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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 well-led?

Requires improvement



# Overall summary

We carried out an announced focussed inspection at Upwell Health Centre on 13 February 2020 as part of our inspection programme. This was due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions:

- are services safe?
- are services effective?
- are services well-led?

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- are services caring? - good
- are services responsive? – good

At the last inspection on 3 March 2015 we rated the practice as good overall. The full comprehensive report for this inspection can be found by selecting the 'all reports' link for Upwell Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 safe services because:

- The systems to ensure patients prescribed high risk medicines were monitored appropriately were not always effective.
- The process for receiving and acting on patient safety alerts was not effective. At the time of the inspection, a patient safety alert from January 2020 had not been received and actioned. Following the inspection, the practice told us this alert had been received and action was being taken.

- There was no clinical oversight of blood test results which had been requested by the midwife; these dated back to January 2020.

We rated the population groups of people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia) as **requires improvement** because:

- We did not see documented evidence that patients with a learning disability had received an annual health check in the past 12 months.
- The practice was not able to demonstrate that all patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record or had been invited for a review.

- Due to the ratings principles, the practice is rated as requires improvement for providing effective services. All other population groups were rated as good.

We rated the practice as **requires improvement** for providing well led services because:

- The leadership did not ensure all systems and processes were in place to ensure patients received safe and effective care.

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:

- Staff should receive training in line with the practice domestic abuse policy.
- Continue work to review and improve the prescribing of non-steroidal anti-inflammatory medicines.
- Continue work to improve the uptake for cervical screening.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGPChief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and a GP specialist advisor.

## Background to Upwell Health Centre

Upwell Health Centre in Townley Close, Upwell, Norfolk, provides services to patients living in Upwell as well as the surrounding villages in the area covering over 100 square miles. Patients who live in excess of one mile from a pharmacy are eligible to have their prescribed medicines dispensed from the practice. Medicines can be collected from the practice or any of five designated outlets or delivered to their home. The dispensary has a dispensary manager and ten staff who work varying hours.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury and family planning. The practice has a website that contains information about what they do to support their patient population and the in house and online services offered.

Upwell Health Centre is situated within the NHS West Norfolk Clinical Commissioning Group (CCG) and provides services to approximately 10,500 patients under the terms of a primary medical services (PMS) contract. A PMS contract is a contract between NHS England and general practices for delivering primary medical services to the local community.

The practice staff consist of four GP partners (two female and two male) and two salaried GPs (one female, one male). Several advanced practitioners including: one

advanced nurse practitioner (female), one long term conditions nurse (female), one paramedic (male), one physicians associate (female) and one clinical pharmacist (female). The nursing team included a nurse manager (female), three practice nurses, (all female) and one health care assistant (female). The administration team includes a practice and business manager, assistant manager and quality manager. There were 13 staff members covering reception, administration and secretarial duties working a range of hours.

Telephone lines and reception are open from 8am to 6.30pm Monday to Friday. Extended hours included Saturday morning between 8am and 11am. Other flexible appointments were available in late and early weekday surgeries on alternate weeks:

- The evening surgery ran between 6.30pm and 8pm.
- The morning surgery runs between 7am and 8am.

Appointments for these surgeries had to be booked in advance.

The practice was one of 21 local GP surgeries who worked to offer additional appointments to patients. The additional appointments were available at GP hubs in Terrington St John, King's Lynn and Swaffham

.When the surgery is closed the out of hours GP services are available via NHS 111.

The National General Practice Profile states that 98% of the practice population is from a white background. Information published by Public Health England, rates the level of deprivation within the practice population group as four, on a scale of one to ten. Level one

represents the highest levels of deprivation and level ten the lowest. The average male life expectancy for the practice area is 80 years which is slightly higher than the national average of 79 years; female life expectancy is 84 years which is one year higher than the national average.

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>The registered person had systems or processes in place that operated 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> <ul style="list-style-type: none"><li>• The systems to ensure patients prescribed high risk medicines were monitored appropriately were not always effective.</li><li>• There was no clinical oversight of blood test results which had been requested by the midwife; these dated back to January 2020</li><li>• One patient safety alert from January 2020 had not been received or acted upon by the practice. Another patient safety alert had not been acted on.</li><li>• The system in place did not ensure that patients with a learning disability had received an annual health check in the past 12 months.</li><li>• The system in place did not ensure that patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record or had been invited for a review.</li></ul>