

# The Nuffield Practice

### **Inspection report**

Welch Way Witney OX28 6JQ Tel: 01993703641 www.thenuffieldpractice.co.uk

Date of inspection visit: 12/11/2019 Date of publication: 19/12/2019

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

<b>Overall rating for this location</b>	Requires improvement	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	<b>Requires improvement</b>	

# **Overall summary**

We carried out an inspection at The Nuffield Practice as part of our programme of inspections of providers who had either newly registered or changed their registration in the last 12 months. This was a comprehensive inspection because The Nuffield Practice had registered as a limited company.

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.

#### Overall the practice is rated as Requires Improvement

# This rating arises because the key questions at this inspection are rated as follows:

Are services safe? - Requires improvement

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Requires improvement

We found that:

- Patients received effective care and treatment that met their needs.
- Staff were developed and supported to ensure services were of high quality.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.
- There had been quality improvement work to improve patient access to services.

- Services were tailored to meet patients' needs.
- The practice was engaged in local initiatives and worked effectively alongside partners in the local healthcare system.

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

• Systems to mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk were managed inconsistently.

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

• The practice failed to have clear and effective processes for managing risks, issues and performance. The processes in place to identify, assess and mitigate risks to patient safety were not always operated effectively.

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

• Review the processes in place to promote the benefits of cancer screening programmes with a view to increasing uptake.

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

#### Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

### Population group ratings

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

### Our inspection team

The inspection team comprised a lead CQC inspector and a CQC GP Specialist Advisor.

### Background to The Nuffield Practice

The Nuffield Practice has a purpose built location with good accessibility to all its consultation rooms. The practice serves patients from the surrounding town and villages. The practice demographics show that the population has a higher proportion of patients over 65 compared to the national average and lower prevalence of younger patients. According to national data there is minimal deprivation among the local population. There are patients from minority ethnic backgrounds, but this is a small proportion of the practice population.

There are eight GPs working at the practice. Of the total GPs four are GP directors and four are salaried. They make up the equivalent of six whole time GPs serving a registered population of 12,000 patients. There are four practice nurses of whom three are qualified to prescribe. The nursing team is completed with three health care assistants and an advanced nurse practitioner. There are

also two clinical pharmacists completing the current clinical team. The practice is seeking to recruit emergency care practitioners in addition to the current clinical workforce. The clinical team is supported by the practice manager and a team of 21 reception and administration staff.

The practice is a training practice.

The practice is registered for the following regulated activities:

- -Treatment of disease disorder and injury
- -Diagnostic and screening procedures
- -Family planning
- -Surgical procedures
- -Maternity and midwifery services

# **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
Family planning services	governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 How the regulation was not being met:
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	
Transport services, triage and medical advice provided remotely	
	The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk:
	<ul> <li>Systems to manage medicines had not identified shortfalls in the monitoring of the process in place to ensure prescribing of high risk medicines to patients was supported by appropriate tests prior to issue of prescriptions.</li> <li>Systems to ensure nursing staff were appropriately authorised to administer vaccines were not operated effectively and the system to monitor safe keeping of vaccines was inconsistently applied.</li> <li>The system to monitor recruitment checks had not identified that these were not completed in full.</li> </ul>