

# Oldfield Surgery

## Inspection report

45 Upper Oldfield Park  
Bath  
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www.oldfieldsurgery.org.uk

Date of inspection visit: 27 July to 11 August 2021  
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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?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Oldfield Surgery from 27 July to 11 August.

Overall, the practice is rated as Requires Improvement.

The ratings for each key question are as follows:

Safe - Requires Improvement

Effective – Requires Improvement

Caring - Good

Responsive - Good

Well-led – Requires Improvement.

Following our previous inspection on 19 May 2019, the practice was rated Requires Improvement overall and for the safe and well-led domains. The practice was rated as good in all other areas.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Oldfield Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## **Why we carried out this inspection**

This inspection was a comprehensive inspection to follow up on the breach of regulation 17: Good Governance, found in May 2019.

## **How we carried out the inspection**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- 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:

# Overall summary

- 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 and for the provision of safe, effective and well-led services. We have rated the population groups as rated Requires Improvement for long-term conditions and people experiencing poor mental health and good for all other population groups.**

We found that:

- Some of the systems and processes continued to require further improvements to provide the leadership team with assurances and oversight of the practices quality of care. In areas such as medicines management, , recruitment, staff vaccinations and the management of long-term conditions and people experiencing poor mental health.
- The provider, Heart of Bath, had an active clinical research unit, run day to day by a clinical research nurse and study coordinator. Supported by a core research team that included two GP Partners, who were currently involved in over 20 research studies, working closely with the National Institute of Health Research (NIHR), universities and commercial sponsors. Since March 2020 they had focused on supporting Urgent Public Health Research, such as the Principal Trial, Virus Watch and surveys to understand the psychological response to the Covid-19 pandemic.
- Patient experience surveys, taken following the research were positive, commenting that their experiences consistently exceeded expectations.
- The provider, Heart of Bath, was a standalone Primary Care Network, that had fully supported the COVID 19 vaccination program for over 28,000 patients.
- The surgery had systems and processes to keep people safe and safeguarded from abuse.
- Staff had the information they needed to deliver safe care and treatment.
- The practice learned and made improvements when things went wrong.
- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.
- The practice organised and delivered services to meet patients' needs.
- Staff reported the culture had improved as staff had risen to the challenges of working during the pandemic.
- Staff described the leadership as improved and supportive.

We found breaches of regulation. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Record the supervision of clinical staff.
- Put a system in place that provides a safety net for the management of abnormal cervical smears.
- Work towards achieving the national target for cervical screening of 80%.
- Continue to monitor and improve patient access.

**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

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Requires Improvement</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>Good</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 second inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Oldfield Surgery

Oldfield Surgery, 45 Upper Oldfield Park , Bath , BA2 3HT.

The practice has two branch surgeries at:

St James's Surgery, 6-9 Northampton Buildings, Bath, BA1 2SR

And

Junction Road Surgery, 8 Junction Road, Oldfield Park, Bath, BA2 3NQ. (This surgery was closed at the time of the inspection)

During the site visit we visited Oldfield Surgery and St James's Surgery.

The provider, Heart of Bath, is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury, family planning and surgical procedures. These are delivered from all sites.

The surgery offers services from both a main practice and a branch surgery. Patients can access services at either the surgery or St James's Surgery branch.

The surgery is situated within the Bath and North East Somerset Swindon and Wiltshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 28,000. This is part of a contract held with NHS England.

The Heart of Bath was a sole member of a Primary Care Network (PCN), this meant they were solely responsible for providing staff for the vaccination centre. The practice manager explained they had seconded both pharmacists, approximately half of the nursing staff and regular administration and practice manager from December 2020 to July 2021.

Information published by Public Health England shows that deprivation within the practice population group is rated 9 decile out 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 surgery area is 3.7% Asian, 92.9% White, and 2.1% mixed.

There is a team of approximately 16 GPs who provide cover at both the practice and the branch. The practice has a team of ten nurses who provide nurse-led clinics for long-term condition at both the main practice and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and site manager work across both sites to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally by Medivio, where late evening and weekend appointments are available. Out of hours services are provided by NHS111.

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 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	<b>How the regulation was not being met:</b> The registered person had some systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:
Treatment of disease, disorder or injury	<ul style="list-style-type: none"><li>• The practice held staff information regarding recruitment, immunisation and training in three places, in staff files, and on two computer systems. This meant the practice did not have oversight to identify risks and mitigate them.</li><li>• The systems and processes for monitoring patients with long-term conditions and those experiencing poor mental health had not been fully embedded.</li><li>• The systems and processes for the management of medicines had not been fully embedded.</li></ul> <b>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>