

# Brailsford & Hulland Ward Medical Practice

## Inspection report

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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	Requires Improvement
Are services safe?	Requires Improvement	Requires Improvement
Are services effective?	Good	Good
Are services caring?	Good	Good
Are services responsive to people's needs?	Good	Good
Are services well-led?	Requires Improvement	Requires Improvement

# Overall summary

We carried out an announced follow up inspection at Brailsford & Hulland Ward Medical Practice on 11 October 2022 and carried out our remote clinical searches on 6 October 2022.

Overall, the practice is rated as requires improvement. It is rated as requires improvement for providing a safe service to patients, good for providing an effective service and requires improvement for providing a well-led service. Due to assurances we received from our review of information, we carried forward the ratings of good from our previous inspection in November 2021 for the key questions caring and responsive.

Following our previous inspection on 8 November 2021, the practice was rated as requires improvement overall. It was rated as good for all key questions apart from safe and effective which were rated as requires improvement.

The full reports for previous inspections can be found by selecting the 'all reports' link for Brailsford & Hulland Ward Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up on:

- Key questions safe, effective and well-led
- Breaches of regulation and shoulds from the previous inspection.
- In response to concerns reported to us.

## 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.
- Use of staff questionnaires to gather feedback from staff.
- 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.

## Our findings

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 the key question safe. This was because:**

# Overall summary

Since our inspection in November 2021, improvements had been made in staff training; fire drills had been completed; there was equipment in place to monitor oxygen saturations in children; cleaning schedules were in place for most rooms within the practice; hospital letters and test results were followed up in a timely manner and diabetes reviews were carried out by an appropriate clinician.

However:

- Recruitment checks were not always carried out in accordance with regulations. Assurance was not gained regarding recruitment and support for Primary Care Network staff working within the practice.
- The provider's system for monitoring that professional registrations were current and in date operated ineffectively
- Opportunities to carry out risk assessments had been missed. In particular, staff who did not have hepatitis B immunity and staff whose Disclosure and Barring Service check had not been completed.
- Action plans were not in place, or lacked detail, in response to risk assessments for fire, legionella and infection prevention and control. Spot checks to ensure the cleanliness of the practice had not been embedded into practice.
- Sharps and cytotoxic clinical waste bins were not always dated and disposed of in line with national guidance within the dispensary.
- Patient medicine reviews lacked details of specific medicines.
- The practice did not have a process in place to be assured of the competency of dispensing staff.
- Near misses were not always recorded in the dispensary and the system for managing safety alerts was not consistently applied.
- A system to identify trends in significant events and oversight of this at provider level was not in place.

**We rated the practice as Good for the key question effective. This was because:**

Since our previous inspection in November 2021, improvements had been made:

- Most clinical staff had completed mandatory training.
- A system was in place for monitoring key training completed by locum GPs.
- Our remote searches showed that annual health reviews for patients with COPD and asthma were being completed.
- Patients with long-term conditions were offered timely medication reviews.
- We found evidence that the practice had processes in place to improve the uptake of the Measles Mumps and Rubella (MMR) vaccine in children.

However:

- Not all staff had received a recent appraisal.
- Clinical audits lacked details of the actions taken in response to the findings.

**We rated the practice as Requires Improvement for the key question well-led. This was because:**

Since our previous inspection we found that a clinical lead and practice manager had been recruited to provide day to day onsite support.

However:

- Complaints had not been included in the quality and improvement meetings to drive continuous improvement.
- A policy had not been developed to support patient safety when accessing remote services.
- Policies did not always reflect national guidance. In particular, maintenance of the cold chain, consent, infection prevention and control and vaccine storage.

# Overall summary

- The business continuity plan had not been updated since the new provider had taken over the practice.
- Most staff were not aware if there was a vision or strategy for the practice.
- Some staff felt their views were not always listened to or acted upon and there was a lack of transparency.
- Opportunities to carry out risk assessments or act on findings from risk assessments had been missed.

We found two breaches of regulations. The provider **must**:

- Ensure specified information is available regarding each person employed and where appropriate, persons employed are registered with the relevant professional body.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Put in place a cleaning schedule for the reception area and embed the planned cleanliness spot checks into practice.
- Provide all specific medicine details in patient medicine reviews.
- Align the frequency of actual fridge temperature checks with guidance in the practice's policy for the storage of vaccines.
- Continue to follow up children that have not attended for two doses of the measles, mumps and rubella vaccination.
- Complete clinical audits to ensure issues identified are followed up appropriately.

**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 a member of the CQC medicine's team who spoke with staff using video conferencing facilities, face to face and undertook a site visit. The team included a GP specialist advisor who spoke with staff and completed clinical searches and records reviews without visiting the location.

## Background to Brailsford & Hulland Ward Medical Practice

Brailsford and Hulland Medical Practice is a rural, dispensing practice located in Southern Derbyshire in the Peak District at:

The Green

Brailsford

Ashbourne

Derbyshire

DE6 3BX

The practice has a **branch** surgery at:

Hulland Ward

Main Road

Hulland Ward

Ashbourne

Derbyshire

DE6 3EA

We visited the main practice as part of our inspection. The branch practice is currently closed.

The provider is registered with the Care Quality Commission (CQC) as a partnership to deliver the Regulated Activities diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures and family planning.

The practice is situated within the Joined Up Care Derbyshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 5,677 patients. This is part of a contract held with NHS England.

The practice is part of South Dales Primary Care Network, a wider network of four GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England shows that deprivation within the practice population group is in the ninth lowest decile (nine 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 predominantly white at 98% of the registered patients, with estimates of 0.8% mixed race, 0.9% Asian, 0.2% Black and 0.1% other groups.

The age distribution of the practice population demonstrates a higher proportion of older patients, and lower numbers of younger patients compared to local and national averages:

- The percentage of older people registered with the practice is 27.8% which is above the ICB average of 20.4%, and the national average of 17.7%.
- The percentage of young people registered with the practice is 16.4% which below the CCG average of 19.4%, and the national average of 20%.

There is a team of three GP partners, two salaried GPs including a clinical lead, five regular locum GPs, two practice nurses, a healthcare support worker and three dispensing staff. The team is supported a practice manager and a team of administrative staff.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by South Dales Primary Care Network, where late evening and weekend appointments are available. Out of hours services are provided by Derbyshire Health United (DHU).

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none"><li>• Evidence of satisfactory conduct in previous employment.</li><li>• Evidence of a full employment history.</li><li>• Assurance had not been gained regarding the recruitment of Primary Care Network staff working within the practice.</li></ul> <p>The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular:</p> <ul style="list-style-type: none"><li>• A long-term locum GP</li><li>• A practice nurse.</li></ul>

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><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that 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. In particular:</p>

## Requirement notices

- A risk assessment for a clinical and non-clinical member of staff whose hepatitis B immunity status had not been assessed or documented within the practice.
- A risk assessment for a member of staff working in the practice whose DBS check had not been received by the practice.
- Action plans were not in place or lacked detail in response to risk assessments for fire prevention, legionella and infection prevention and control.
- Disposal of clinical and cytotoxic waste in the dispensary was not maintained in line with national guidance.
- Near misses in the dispensary were not always recorded.
- The system for managing safety alerts in the dispensary was not consistently applied.

There was additional evidence of poor governance. In particular:

- Some policies did not reflect national guidance. In particular maintenance of the cold chain, consent, infection prevention and control and vaccine storage.
- The business continuity plan had not been updated since the new provider had taken over the practice.
- A policy for the oversight of remote services as identified by the provider at our previous inspection was not in place.
- The practice did not have a process in place to be assured of the competency of dispensing staff.
- Some staff had not received a recent appraisal.
- A system to include complaints at the provider's quality and improvement meetings to drive improvements had not been put in place.