

# Cranbrook Medical Centre

## Inspection report

169 Younghayes Road  
Cranbrook  
Exeter  
EX5 7DR

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Date of inspection visit: 18 May 2022  
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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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Cranbrook Medical Practice on 18 May 2022. Overall, the practice is rated as Requires Improvement.

Safe Requires improvement

Effective Good

Caring Good

Responsive Requires improvement

Well-led Requires improvement

Following our previous focused inspection on 7 December 2021, an inspection

focused on the management of access to appointments, the practice was rated as Requires Improvement for the provision of responsive services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Cranbrook Medical Practice 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 incorporating remote searches, interviews of staff and a site visit. The inspection looked at all the five key areas Safe, Effective, Caring, Responsive, Well Led.

## How we carried out the inspection/review

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 overall. We rated Safe Responsive and Well-led as Requires Improvement because we found:**

- Some staff recruitment records were incomplete or not up to date.
- The practice did not have a clear and effective process for managing risks, issues and performance.
- Clinical governance systems, including oversight of policies and procedures to keep patients and staff safe were not fully effective as they had not been fully developed and embedded.
- The practice did not have a system in place for formally discussing and recording significant events and the learning from them.
- The complaints process, whilst promoting duty of candour, did not provide an effective oversight of the complaints process and outcomes were not shared with the whole team, which would support learning and service improvements.

We rated the practice as Good for Caring and Effective services because:

- The practice provided care in a way that kept patients safe and protected from avoidable harm.
- The practice had provided staff training for receptionists to support care navigation since the previous inspection
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

We found breaches of regulations, the provider **MUST:**

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider should:

- Develop a system to monitor the quality of access to services for patients.
- Review and improve processes to identify and register carers, including young carers.

**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

## Our inspection team

Our inspection team was led by a CQC lead inspector and was accompanied by a CQC inspection manager 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 Cranbrook Medical Centre

Cranbrook Medical Practice is located in Exeter at:

169 Younghayes Rd,

Cranbrook,

Exeter

EX5 7DR

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is open from 8.30am – 6pm Monday to Friday. The nurse practitioner starts at 7am one day a week and a GP holds a late-night surgery until 7pm one day a week.

The practice is also part of a rota with the local Primary Care Network which enables patients access to a GP on a Saturday.

The practice is situated within the Devon Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 4,041. This is part of a contract held with NHS England.

The practice is part of a wider network of five GP practices known as the Outer Exeter Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the eighth decile (eight of 10). The lower the decile, the more deprived the practice population is relative to others. The practice has a higher than average population of young people and those of working age.

According to the latest available data, the ethnic make-up of the practice area is 57% Asian, 21% White, 15% Black, 4% Mixed, and 3% Other.

There is one GP who provides medical cover at the practice. The practice has a team of three nurses, including a nurse practitioner, a trainee nurse practitioner and a registered prescribing nurse, who provide nurse led clinics for long-term conditions and minor illness.

There was also a phlebotomist / health care assistant. The GP is supported at the practice by a team of reception/ administration staff. An interim practice manager and the operations manager are based at the practice 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 an appointment at the medical centre or a home visit when necessary.

Extended access is provided locally by the Primary Care Network, where late evening and weekend appointments are available. Out of hours services are provided by Devon Doctors.

## 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
Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Assessments of the risks to the health and safety of service users receiving care and treatment were not being carried out. In particular:</li><li>• The practice was unable to provide evidence of ongoing adherence to health and safety policy and management of and reduction of potential risks to patients and staff.</li><li>• The provider did not have effective arrangements in place for demonstrating lessons learnt, themes identified and action taken as a result of investigations when things go wrong.</li><li>• The practice did not have effective safety checks in place for staff recruitment, arrangements to support staff, disciplinary processes and ongoing checks.</li></ul> <p><b>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Surgical procedures

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **How the regulation was not being met:**

- The practice did not have up to date policies and procedures for some areas of governance. Not all policies and procedures were reviewed on a regular basis.
- The provider did not have systems and processes in place to effectively assess, monitor and mitigate the risks within the service. In particular, the provider did not have effective oversight of complaints. There was limited evidence of what actions were taken to support learning and service improvements as a result of complaints.
- The practice had not obtained information as required under Schedule 3 of the Health and Social Care Act 2008 for Locum GPs employed at the practice risk register, action plan or succession plan in place to record the management or mitigation of risks.
- There was no formal clinical supervision arrangements in place to demonstrate the ongoing competencies of the prescribers.

**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**