

Severn Fields Medical Practice

Inspection report

Severn Fields Health Village
Sundorne Road
Shrewsbury
SY1 4RQ
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www.severnfields.co.uk

Date of inspection visit: 14 June 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	Requires Improvement
Are services safe?	Requires Improvement	Requires Improvement
Are services effective?	Requires Improvement	Requires Improvement
Are services caring?	Good	Good
Are services responsive to people's needs?	Requires Improvement	Requires Improvement
Are services well-led?	Requires Improvement	Requires Improvement

Overall summary

We carried out an announced inspection at Severn Fields Medical Practice on 14 June 2021. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Requires Improvement

Caring – Good

Responsive - Requires Improvement

Well-led - Requires Improvement

Following our previous inspection on 17 July 2019, the practice was rated Requires Improvement overall. We rated the practice as Inadequate for providing safe services and Requires Improvement for providing Effective, Responsive and Well-led services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Severn Fields Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive follow-up inspection which included a site visit to follow up on:

Three Requirement Notices served for breaches in:

Regulation 12 Health and Social Care Act (RA) Regulations 2014 Safe care and Treatment

Regulation 17 Health and Social Care Act (RA) Regulations 2014 Good governance.

Regulation 18 Health and Social Care Act (RA) Regulation 2014 Staffing.

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

Overall summary

- 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 and Requires Improvement for all population groups.

We found that:

- Improvements were noted in safeguarding. Staff had received safeguarding training and were aware of the practice's leads for safeguarding.
- A risk assessment had been completed to explain the rationale for not stocking the suggested medicines in the event of a medical emergency. Emergency medicines were readily accessible to staff.
- The system for reviewing pathology results had been updated.
- Health and safety checks and risk assessments had been completed by the landlord.
- Improvements in the completion of staff training and completion monitored on a monthly basis. Staff had received/ were up to date with training in safe working practices.
- The three designated fire wardens had received fire marshal training to support them in their role.
- The practice had carried out their own infection prevention audit and an action plan had been developed to identify the specific action to be taken, by whom and the date of completion.
- A new appraisal system had been implemented and risk register maintained.
- The issues with regards to medicines management continued. We found that the practice had failed to establish systems and processes which operated effectively to assess, monitor and improve the quality and safety of the services and mitigate the risks relating to health, safety and welfare of service users.
- The governance systems in place had failed to ensure patients prescribed high risk drugs had received appropriate monitoring. Some medication reviews had also failed to identify that patient were overdue their monitoring. Appropriate action had not been taken to address all alerts and drug safety updates issued by the Medicines and Healthcare products Regulatory Agency (MHRA).

We found one breach of regulations. The provider **must**:

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

The areas the provider **should** make improvement:

- Respond to patient feedback to improve their satisfaction with the appointment system and other identified areas of improvement within the national GP patients survey.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead 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 Severn Fields Medical Practice

Background to Severn Fields Medical Centre

Severn Fields Medical Practice is registered with CQC as a partnership GP provider operating a GP practice in Shrewsbury, Shropshire. The practice is part of the NHS Shropshire Clinical Commissioning Group and holds a General Medical Services (GMS) contract with NHS England.

The practice operates from within Severn Fields Health Village, Sundorne Road, Shrewsbury, SY1 4RQ and provides regulated activities from this location only. The purpose-built practice building is made up of three floors with Severn Fields Medical Practice situated on the first floor. The building is surrounded by car parking facilities and has an automatic door at the entrance, with lifts available for patients to the first floor. The practice has six treatment rooms, an isolation room and 36 consulting rooms which are utilised for various primary care focused needs. The practice has toilet facilities situated in various locations around the practice and the building for patients and visitors. The practice administration offices are situated on the second floor. A commercial pharmacy is situated on the ground floor and is independent of the practice

The building is a hub for many other clinics provided by other NHS organisations or Any Qualified Provider (AQP). This is a national programme which offers patients more choice. This enables patients to visit the practice for mental health, physiotherapy, ophthalmology, pain management, ante-natal services instead of having to travel to the hospital across the other side of town.

The practice area is one of lower overall deprivation when compared with the national averages. At the time of the inspection undertaken on 14 June 2021 the practice had 16,940 registered patients. Demographically the practice age profile is mainly comparable with local and national averages except for the number of patients aged 18 and under. The patient population is mainly White British. The practice is a training and teaching practice.

The practice is open each weekday from 8.30am to 6pm. The practice switchboard is open from 8.30am to 6pm but closed from 1pm to 2pm, however, a doctor can be contacted in an emergency during these times. The out-of-hours services are provided by Shropdoc via the NHS 111 service.

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 an appointment at the surgery.

Patients can also access an extended hours service provided by Darwin Health Limited during evenings and weekends.

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.

There is a team of seven GPs who provide cover. The practice has a team of seven nurses who as part of their role, provide nurse led clinics for long-term conditions. The practice clinical team also consists of Advanced Nurse Practitioners, Home Visiting Practitioners and Health Care Assistants. The GPs are supported at the practice by a team of reception/administration staff. There are three managers to provide managerial oversight.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to establish systems and processes which operated effectively to assess, monitor and improve the quality and safety of the services and mitigate the risks relating to health, safety and welfare of service users.</p> <p>Systems in place had failed to ensure patients prescribed high risk drugs had received appropriate monitoring. Some medication reviews had also failed to identify that patient were overdue their monitoring.</p> <p>The governance structures and systems were not working effectively in this practice. Appropriate action had not been taken to address all alerts and drug safety updates issued by the Medicines and Healthcare products Regulatory Agency (MHRA).</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	