

Lakeside Healthcare at Headlands

Inspection report

20 Headlands
Kettering
Northamptonshire
NN15 7HP
Tel: 01536518886
www.headlandssurgery.co.uk

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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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

Lakeside Healthcare at Headlands, formally known as Headlands Surgery, is located at 20 Headlands, Kettering, Northamptonshire, NN15 7HP. The surgery is one of eight locations of Lakeside Healthcare Partnership, a partnership of GPs and others which provides primary medical services to approximately 180,000 patients across Northamptonshire, Lincolnshire, Cambridgeshire and Peterborough.

We carried out an announced comprehensive inspection at Lakeside Healthcare at Headlands on 6th February 2020 as part of our inspection programme.

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 good for providing safe services because:-

- The practice had most systems, practices and processes in place to keep people safe and safeguarded from abuse.
- The practice had systems for the appropriate and safe use of medicines including medicines optimisation.
- Patients' health was monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- The practice learnt and made improvements when things went wrong.

We rated the practice as requires improvement for providing an effective service because:

The populations groups of older people, people with long term conditions, working age people (including those recently retired and students), people whose circumstances make them vulnerable and people who because the population groups of long term conditions and working age people (including those recently retired

and students) and people experiencing poor mental health (including people with dementia) were rated as Requires Improvement. Families, children and young people were rated as Good. :-

- The practice did not have a proactive team approach to the shared care of frail elderly people with multiple co-morbidities which included cancer and frailty.
- Palliative care meetings were not held and there were no personalised care plans in place.
- The practice were not able to demonstrate that they used a clinical tool to identify older patients who were living with moderate or severe frailty.
- The percentage of women eligible for cervical screening was below the national average of 80%.
- Exception reporting for patients with long term conditions was above the CCG and national averages.

We have rated the practice as good for providing caring and responsive services because:-

• Staff treated patients with kindness, respect and compassion. Feedback from patients were positive about the way staff treated people.

The practice organised and delivered services to meet patients' needs

We have rated the practice as requires improvement for providing a well-led service because:-

- Not all governance systems in place were effective
- Not all the processes for managing risks, issues and performance were effective.
- The practice did not always act on appropriate and accurate information.

The areas where the provider **must**:

- Ensure care and treatment is appropriate, meets their needs and reflects their preferences.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should**:

- Improve the privacy at the main reception desk.

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

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

**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	Good 
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 Care Quality Commission (CQC) lead inspector. The team also included a GP Specialist Advisor and a practice manager Specialist Advisor.

Background to Lakeside Healthcare at Headlands

The practice is registered with Care Quality Commission to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures, family planning and treatment of disease, disorder or injury.

Lakeside Healthcare at Headlands is situated within the NHS Nene Clinical Commissioning Group (CCG) and provides services for approximately 10,500 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has four partner GPs and one salaried GP, three practice nurses and two health care assistants. They are supported by a Practice Manager, clinical pharmacist and a team of receptionists and administration staff.

The practice is a training practice for GP registrars.

Information published by Public Health England rates the level of deprivation within the practice population group as six, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population is predominantly white British (92.6%) along with small ethnic populations of Asian (4%) and mixed race (1.5%).

The practice is open between 8am and 6.30pm Monday, Wednesday and Friday. Tuesday and Thursday 8am to 8pm.

The local NHS trust provides health visiting and community nursing services to patients at this practice.

As part of the Kettering locality extended access hub, patients can access extended hours at the Weavers Medical, Prospect House, 121 Lower Street, Kettering. NN16 8DN

Additional same day and booked appointments are provided by GPs, Nurse Prescribers, Clinical Pharmacists, Practice Nurses and other clinicians outside of the core General Practice hours.

Appointments are available :-

4pm to 8pm Monday to Friday

8.30am to 12.30pm Saturday

1pm to 5pm Sunday for Video Consultations

8.30am to 12.30pm Bank Holidays

When the practice is closed patients are directed to contact the out-of-hours GP services by calling the NHS 111 service.

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 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care <ul style="list-style-type: none">• Palliative care meetings did not take place.• Care plans were not in place for patients who were frail or on the palliative care register.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• Not all risks were well managed, for example, legionella and window blind cords.• Staff who were responsible for infection control had not had the required training or given allocated time to carry out this role.• The system for reviewing MHRA alerts and the actions required needed further work.• Implement a process to monitor the recording of legionella water temperature testing carried out by an external company.• Improve process for exception reporting and make improvements in those areas highlighted in the Quality Assurance Framework.• Improve uptake of cervical screening.• The practice did not have an active patient participation group.