

Regent Square Group Practice

Inspection report

8-9 Regent Square Doncaster DN1 2DS Tel: 01302819999

Date of inspection visit: 26 May 2021 Date of publication: 16/07/2021

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

Overall summary

We carried out an announced inspection at Regent Square Group Practice on 26 May 2021. Overall, the practice is rated as Requires improvement.

Safe - Inadequate

Effective - Requires improvement

Well-led - Good

Following our previous inspection on 11 February 2020, the practice was rated Requires Improvement overall and for safe and well led.

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

Why we carried out this inspection

This inspection was a focused inspection to follow up on:

• Breach in Regulation 12 Safe care and treatment at the inspection in February 2021.

At the last inspection the practice was rated good for caring and responsive and this was carried forward to this inspection.

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:

- 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.
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Overall summary

We have rated this practice as Requires improvement overall, inadequate for the safe key question and requires improvement for the effective key question. It was rated as good for the provision of caring, responsive and well led services. We rated population groups people with long term conditions, working age people, children, families and young people and people whose circumstances make them vulnerable as requires improvement.

We found that:

- The practice had 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.
- Patients' needs were assessed, but care and treatment were not always delivered in line with current standards and evidence-based guidance in relation to reviews of patients with long term conditions and a learning disability.
- Some performance data was below local and national averages and evidence overtime showed the practices attainment had been declining pre-covid in relation to cancer screening and childhood immunisations.
- Systems did not ensure blank prescriptions were stored securely.
- There was no evidence oxygen cylinders were being checked daily.
- Historic medicine safety alerts had not been routinely actioned.
- The practice did not routinely review through quality improvement the effectiveness and appropriateness of the care provided in order to provide effective, safe care.
- There was no system for monitoring of non-emergency medicines.
- The way the practice was led and managed promoted the delivery of high-quality, person-centered care.

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

• Improve systems to ensure proper and safe management of medicines.

The provider **should**:

- Improve the process for authorising Patient Group Directives (PGD), for example, some had been authorised after staff have signed them.
- Update records for vaccinations and immunisation training
- Improve systems to ensure the registration of clinical staff is checked
- Revisit infection prevention and control audits to ensure adherence to the practices policy.
- Develop a refurbishment plan.

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

Older people	Good	
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)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and a second inspector who 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 Regent Square Group Practice

Regent Square Group Practice is located in Doncaster at:

8-9 Regent Square

Doncaster

DN1 2DS

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

The practice is situated within the Doncaster Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 10, 110. This is part of a contract held with NHS England.

The practice is part of the Central Primary Care Network which consists of seven member practices with a total patient population of over 68,929.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (two 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 6% Asian, 89% White, 1% Black, 1% Mixed, and 0.9% Other.

There is a team of six GPs. The practice has a team of three healthcare assistants and three nurses who provide nurse led clinic's for long-term condition. The GPs are supported at the practice by a team of reception/administration staff. They also have a practice manager and assistant practice manager 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 or nurse needs to see a patient face-to-face then the patient was offered a same day or next day appointment.

Extended access is provided locally by Doncaster Same Day Health, where late evening and weekend appointments are available. Out of hours services are provided by NHS Doncaster.

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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.

Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	 The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure proper and safe management of medicines, in particular: Historic medicine safety alerts had not been routinely actioned. There was no system for monitoring of non-emergency medicines. There was no evidence oxygen cylinders were being checked daily. Systems to ensure effective care and treatment in relation to monitoring and review of patients with long
	 term condition's and prescribed medicines had not been effectively implemented. Systems did not ensure blank prescriptions were stored securely and use of prescriptions were audited effectively. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, review and mitigate the risks relating to the care provided to people, in particular:
	• The practice did not routinely review through quality improvement the effectiveness and appropriateness of the care provided in order to provide effective, safe care.
	This was in breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.