

Danebridge 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 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Danebridge Medical Practice on 19 February 2019 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 **requires improvement** for providing safe services because:

- There were shortfalls in the required information to demonstrate staff were suitable for appointment.
- The systems for reviewing medicines, administering medicines to patients and responding to patient blood results were not robust.

We rated the practice as **requires improvement** for providing well-led services because:

- The systems for managing complaints and significant events did not ensure the learning from the investigation and actions were documented and did not provide evidence that actions had been reviewed to ensure they were effective.
- The provider had not notified CQC of a patient death that may have been related to the regulated activity or how it was provided.
- The system for ensuring premises checks were carried out at timely intervals needed to be improved.

The system for monitoring the training needs of clinicians did not ensure they had completed training in fire safety, adult safeguarding, information governance and infection control.

We rated the practice as **good** for providing caring, effective and responsive services because:

- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We rated the population groups as **good**.

The area where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed or appointed.
- Ensure specified information is referred to CQC in accordance with the (Registration) Regulations 2009.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Introduce a system to monitor two-week rule referrals to ensure patients receive the clinical care they are referred for.
- Review the security of NHS prescriptions in the practice and ensure there are systems in place to track and monitor their use.
- Make a record of the stock levels and expiry dates of emergency medicines contained within GP bags.
- Introduce a system for the regular cleaning of carpeted areas at Sandiway.
- Introduce a system to check infection control standards are being maintained in between annual audits, to record spot checks of the cleaning undertaken by the cleaners and to record when equipment such as nebulisers are cleaned.
- Introduce a system to audit patient consent to check this is being appropriately sought and recorded.
- Introduce a comprehensive programme of quality improvement and use this information about care and treatment to make improvements.
- The remit for referrals to the self-employed counsellors to be documented.
- The written agreement between the counsellor, practice and patient to clearly identify what information is to be recorded, where it is to be stored and who has access to this information.

Overall summary

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

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and the team included a second inspector, a GP and a nurse specialist advisor.

Background to Danebridge Medical Practice

Danebridge Medical Practice is located in London Road, Northwich, Cheshire. There are two branch practices, Kingsmead Medical Centre, based in Regency Way, Northwich and Sandiway Surgery, based in Weaverham Road, Sandiway, Northwich. Kingsmead Medical Centre is one and a half miles and Sandiway Surgery is approximately five miles away from the Danebridge Medical Practice. During this inspection we visited Danebridge Medical Practice and both branch practices.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. Danebridge Medical Practice is situated within the Vale Royal Clinical Commissioning Group (CCG) and provides services to 24,649 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 service provider is Danebridge Medical Practice which has seven partner GPs. There are also seven salaried GPs and three GP Registrars (a registrar is a qualified doctor who is training to become a GP through a

period of working and training in a practice). The practice has a team of six nurses and a nurse manager. There are two health care assistants, a clinical pharmacist, pharmacy technician and a muscular skeletal practitioner. Clinicians are supported by the practice manager, human resources manager, IT manager, patient services manager and reception and administrative staff. The practice had a contract with two self-employed counsellors to provide a service to patients.

The National General Practice Profile states that 98% of the practice population is from a white background. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years. The majority of patients are within the aged 15 – 64 age group. The number of patients with a long standing health condition is lower than the CCG and national averages (Practice 46%, CCG 60%, national average 51%). Over 5000 of the practices' patients were over the age of 65.

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 | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had not ensured that the recording of significant events fully demonstrated the learning, subsequent action and that the actions were reviewed to ensure they had been carried out and were effective.</p> <p>The registered person had not ensured that a system was in place for safety checks of the premises to occur at the required frequencies.</p> <p>The registered person had not ensured that the training needs of clinicians was monitored to ensure they had completed training in fire safety, adult safeguarding, information governance and infection control.</p> <p>The registered person had not ensured that a system was in place for records of verbal complaints to consistently record the investigation and learning and for complaints to be reviewed to ensure any actions arising had been addressed.</p> |

| 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>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 or appointed. In particular: Information to confirm identity and a Disclosure and Barring Service Check was not in place for one of the self-employed counsellors.</p> |

| Regulated activity | Regulation |
|--------------------|------------|
|--------------------|------------|

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 16 CQC (Registration) Regulations 2009
Notification of death of a person who uses services

The provider did not have a robust process to ensure that CQC were informed of a patient death that may have been a result of the regulated activity or how it was provided.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have a robust system for ensuring blood test results were reviewed and actioned in a timely manner.

The registered person did not have a robust system to ensure patients have timely reviews of their medication and timely monitoring of their health needs such as blood monitoring.

The registered person did not have a safe system to ensure that Patient Specific Directives listed the individually assessed patients which the prescriber had identified as requiring treatment.