

Doddington Medical Centre

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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Doddington Medical centre on 10 September 2019 as part of our inspection programme.

We decided to undertake an inspection of this service on 10 September 2019 following our annual review of the information available to us. This inspection looked at the following key questions; are services safe, effective and well-led. During our annual regulatory review, we assessed that the ratings for caring and responsive services had stayed the same and are therefore rated as good.

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 inadequate overall. The population group for patients with long term conditions is rated as inadequate. The other population groups are rated as requires improvement.

We found that:

- The leadership within the practice had failed to ensure all legal requirements had been met.
- The practice had encountered challenges since merging with other local practices and experiencing staff shortages. They told us they had been successful in recruiting more GPs and nurses.
- The practice had not ensured care and treatment was provided in a safe way to patients.
- Effective systems and processes to ensure good governance in accordance with the fundamental standards of care had not been fully established. This included infection prevention and control and risk assessments such as fire safety and legionella.
- The practice had not provided staff employed the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- The recruitment systems and process within the practice failed to give clear oversight that all appropriate checks had been completed and monitored.
- We found the systems and process within the dispensaries did not ensure safe management of medicines.

- Feedback from patients we spoke with was positive about the care and treatment given by the staff at the practice. Feedback we had from comments cards was mixed with positive and negative comments about care and treatment that patients received.
- The practice had implemented new technology to manage patient demand. An electronic triage system had been implemented, this had required a new telephone system to be installed. The practice had started to populate a new intranet system to improve the management and communication across the practice sites.
- Immediately following our inspection, the Clinical Commissioning Group took urgent action to support the practice to make improvements. This included a review of the safety of medicines and vaccines.

We have rated the practice inadequate for providing safe services because;

- The practice did not have clear systems, practices and processes to keep people safe.
- The practice systems for the appropriate and safe management of medicines within the practice and the dispensary were inadequate.

We have rated the practice as requires improvement for providing effective services because;

The population group for patients with long term conditions is rated as inadequate. All other population groups are rated as requires improvement.

- We found the practice had not reviewed and monitored all patients within a timely manner.
- The practice shared with us the submitted but unverified QOF data which showed their performance for managing patients who maybe experiencing poor mental health had declined from 2017/2018.
- We found the practice was in line with the 90% performance target for funding but was below the World Health Organisation (WHO) targets for childhood immunisation uptake rates.

Concerns we identified that affected all population groups were;

- The practice did not demonstrate a programme of quality improvement such as clinical audits. We did not see clear evidence that quality monitoring was undertaken to improve outcomes for patients.

Overall summary

- The practice was unable to clearly demonstrate that staff had the skills, knowledge and experience to carry out their roles.

We have rated the practice as inadequate for providing well led services because;

- The practice leadership failed to have clear oversight of the management of the practice to evidence that they delivered safe and effective care and treatment.
- We found the practice did not have systems and processes in place to ensure risk assessments including infection prevention and control were undertaken, issues identified, and actions completed. The systems and processes to ensure medicines, vaccines and equipment were managed safely and fit to use were inadequate. The management of recruitment and training did not ensure all staff had been appropriately checked and trained. The practice had failed to evidence that staff had been supported, received an appraisal and assessment of competency to ensure they could undertake their role and responsibilities.
- The practice system and process to ensure patients had received appropriate review and ongoing management of their health in a timely manner was inadequate. This included patients with long term conditions and annual reviews for patients with a learning disability.

We noted the practice engaged with the CCG to review the immediate risks and developed an action plan to drive the improvements needed.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- 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.

- Ensure staff are suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

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

- Review and improve the system and process to review, action and monitor safety alerts to ensure clear oversight that action has been taken and record for future monitoring.
- Review and improve the quality improvement systems such as clinical audit to encourage improvement.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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	Requires improvement 
People with long-term conditions	Inadequate 
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. The team included a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector.

Background to Doddington Medical Centre

Doddington Medical Centre is part of the Fenland Group Practices and is located in Doddington, March, Cambridgeshire. The practice provides services for patients across an area including Doddington, Wimblington, Manea, Benwick, March Chatteris and Ramsey. In addition to the main branch at Doddington there are three branch sites located in Wimblington, Manea and Ramsey.

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. These are delivered from all sites.

Doddington Medical Centre is situated within the Cambridge and Peterborough Clinical Commissioning Group (CCG) and provides services to 12,153 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.

There are three GP partners for this registered location, two additional GPs partners. The practice employs six salaried GPs, two GPs on the GP retainer scheme. There is a nursing team comprising of five practice nurses and five health care assistants. The practice is a training practice and currently has two registrars. The three practice managers are supported by a team of administration, reception and secretarial staff. The dispensary lead is supported by a team of dispensary staff.

There are higher than average number of patients over the age of 65. Information published by Public Health England, rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 83 years the same as the national average.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met;</p> <ul style="list-style-type: none">The practice was unable to evidence that staff had received appropriate support, training and personal development, supervision and appraisal necessary to enable them to carry out the duties they were employed to perform. <p>This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We have issued a warning notice to the provider.</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice did not hold all appropriate emergency medicines and equipment at each site, and no risk assessments were in place to determine the range of medicines held.• There was no system was in place to monitor stock levels and expiry dates. We found out of date medicines and equipment that had not been calibrated.• Pulse oximeters were not easily available for staff to use in an emergency.• The practice had not monitored the temperatures of fridges that stored medicines appropriately. There was a lack of detail on some recordings and the recording sheet for a fridge that stored vaccines showed temperatures out of range since 2017 with no actions taken to mitigate the risk.• We found prescriptions had been dispensed without being signed by the GP in a timely manner.• The storage of medicines did not conform to the required regulations. Unauthorised staff were able to access the dispensaries and medicines. The practice had not undertaken any risk assessments. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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Enforcement actions

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

We have issued a warning notice to the provider.

The practice leadership failed to have clear oversight of the management of the practice to evidence that they deliver safe care and treatment.

We found the practice did not have systems and processes in place to ensure risk assessments including infection prevention and control were undertaken, issues identified, and actions completed.

- The practice did not undertake a risk assessment for legionella at all sites and did not regularly check the water temperatures to mitigate any risks.
- The practice could not demonstrate that actions from formal fire safety risk assessments had been completed.
- We found infection prevention and control was not adequately managed. The audits undertaken were inadequate to identify and mitigate risks. Where issues had been identified there was no clear oversight to evidence they had been completed.
- The practice did not have clear oversight of the immunisation status of staff who may be at risk.
- The practice system and process to ensure all equipment was safe to use did not ensure all equipment had been checked.
- The practice recruitment systems and processes did not provide clear oversight to ensure all appropriate checks on staff had been undertaken and that registrations required were monitored.
- The practice did not have clear oversight of the training of staff. The practice did not have clear oversight to evidence that all staff had completed training such as safeguarding and basic life support.
- The practice system and process in place did not ensure patients received appropriate review and ongoing management of their health, and long-term conditions in a timely manner.
- The practice did not have clear oversight of the immunisation status of staff who may be at risk.

This section is primarily information for the provider

Enforcement actions

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