

Orton Bushfield

Inspection report

Bushfield
Orton Goldhay
Peterborough
PE2 5RQ
Tel: 01733 371452
<https://ortonbushfield.gpsurgery.net>

Date of inspection visit: 10 December 2019
Date of publication: 27/01/2020

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?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We carried out an unannounced comprehensive inspection on 4 June 2019, under the previous provider. The practice was rated as inadequate overall with ratings of inadequate for providing safe, effective, responsive and well led services, and good for caring services. Following our inspection in June 2019, we took urgent action to suspend the previous provider's CQC registration, which prevented the provider from delivering regulated activities. Thorpe Road Surgery commenced providing caretaking services from the location and registered as the CQC registered provider shortly after this inspection. This was the first inspection under the current provider, Thorpe Road Surgery.

You can read our findings from our previous inspections under the previous provider by selecting the 'all reports' link for Orton Bushfield on our website: .

We carried out an announced comprehensive inspection at Orton Bushfield on 10 December 2019. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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.

At this inspection, the practice was rated as **requires improvement** for providing **safe** services because:

- We found the emergency equipment held by the practice did not contain pulse oximeters.

- Formal guidance on medical emergencies, including sepsis, was not available for staff.
- We found the practice did not routinely follow-up on urgent cancer referrals in line with recommended national guidance.
- The practice did not have a formal documented process in place for clinical oversight regarding the work of non-medical prescribers.
- The practice did not have readily accessible oversight of all staff training but after the inspection showed evidence that staff had received safeguarding training.

At this inspection, the practice was rated as **requires improvement** for providing **effective** services because:

- The practice's audit programme was limited and the practice did not regularly review unplanned admissions and readmissions.
- The practice did not have complete oversight of all of the training that members of staff had completed relevant to their role.
- The practice did not have a formal supervision system for non-medical prescribers, salaried and locum clinical staff.

At this inspection, the practice was rated as **good** for providing **caring** services because:

- Feedback from patients on the day of the inspection through CQC comments cards and consultations with patients was positive in relation to the caring attitude displayed by staff.

At this inspection, the practice was rated as **requires improvement** for providing **responsive** services because:

- Feedback from patients on the day of the inspection through CQC comments cards and consultations with patients was negative in relation to being able to access the practice; specifically by telephone and appointment availability. The practice were aware of this negative feedback and told us they intended to take actions to improve patient satisfaction following the inspection.

At this inspection, the practice was rated as **requires improvement** for providing **well-led** services because:

- The provider did not have complete oversight of the training that staff had undertaken.
- We found the provider had not implemented a vision, set of values or strategy.

Overall summary

- Staff reported that due to a large number of changes within the practice during a short period of time, roles and responsibilities within the practice were not always clear.
- The provider had implemented a process of appraisal and supervision for non-clinical staff, however, we found that the provider had not yet implemented a process of appraisal and supervision for clinical staff including locum and salaried staff.

At this inspection, data from the Quality Outcomes Framework and National GP Patient Survey was not included in the inspection report or evidence table. This was because the provider had only been providing services from the location for six months prior to the inspection; therefore the data available related to the previous provider.

The new provider was aware of the previous provider's poor Quality Outcomes Framework performance data. Due to the prioritised work undertaken to improve patient safety, shortly before the inspection, the provider had started to take action to address the previous data. A new Nurse Manager had been appointed to oversee the recall system and patient reviews, which included changes to the recall system such as changing the recall date to the patient's birth month.

The new provider was aware of the previous provider's GP National Patient Survey performance data which was in line with CCG and England averages for Caring indicators. However, the new provider had plans to further improve patient satisfaction by completing an external patient survey to understand areas which need improvement. This was planned for early 2020.

The new provider was aware of the previous provider's GP National Patient Survey performance data which was below CCG and England averages for Responsive indicators, particularly for accessing the practice. Due to the prioritised work undertaken to improve patient safety, shortly before the inspection, the provider had started to take action to address the previous data. This included changes to the appointment system to allow for additional pre-bookable routine appointments and additional staff tasked with answering the telephone during peak periods.

However, the new provider had plans to further improve patient satisfaction by completing an external patient survey to understand areas which need improvement. This was planned for early 2020.

Improvements to the practice's performance will be reviewed at the next inspection.

At this inspection we found:

- Significant improvements had been made to patient safety since the previous inspection. This included completion of overdue medicine reviews, documentation, management and learning from significant events, monitoring expiry dates of emergency medicines.
- Members of staff reported that the leadership team were approachable, visible and had a positive impact on the practice since taking over responsibility in June 2019.
- Patients we spoke with told us they had seen improvements in the practice since the provider had taken over responsibility in June 2019, this was reflected by reviews posted on NHS Choices and through CQC comment cards received on the day of the inspection. However, patients told us they still had difficulties in accessing the practice; particularly by telephone or for routine appointments.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

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

- Review the practice's infection, prevention and control audit to ensure all actions have been completed.
- Continue with the practice's programme of medicine reviews to undertake overdue reviews in a timely manner.
- Continue to develop the practice's programme of clinical and non-clinical audit to monitor and improve the quality of care offered to patients.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Overall summary

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	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. The team included a GP specialist adviser, a practice nurse specialist adviser and a second CQC inspector.

Background to Orton Bushfield

Orton Bushfield Medical Centre is located in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area and is contracted to provide general medical services to approximately 5,403 registered patients. The practice is operated by Thorpe Road Surgery, who hold overall financial and managerial responsibility for the practice. The provider took over caretaking arrangements of the practice in June 2019, following enforcement action taken by CQC against the previous provider. Thorpe Road Surgery is currently contracted to provide services at the location until March 2021.

The provider also employs two salaried GPs (both female), a nurse manager, two practice nurses, a specialist practitioner for mental health, a clinical pharmacist, a phlebotomist and two health care assistants. In addition to the clinical team, a non-clinical

team made up of an operations manager, a practice lead and deputy practice lead are supported by a number of reception, secretarial and administrative staff. Some staff are shared between Orton Bushfield and the provider's other service, Thorpe Road Surgery.

The practice is open between 8.30am to 6pm Monday to Friday apart from between 1pm and 1.30pm when the practice closes for lunch. Outside of practice opening hours, out of hours care is provided by another health care provider, Herts Urgent Care, via the 111 service.

According to Public Health England information, the patient population has a slightly higher than average number of patients aged 0 to 29 years, and a lower than average number of patients aged 70 to 85 plus years compared to the practice average across England.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There were insufficient quantities of equipment to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none">• We found the practice's emergency equipment did not contain pulse oximeters. <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• The practice did not have a formal process in place for monitoring the work of non-medical prescribers. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• We found that staff were not provided with formal guidance for managing medical emergencies, such as sepsis.• We found the provider did not routinely follow-up on urgent cancer referrals.
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 systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p>

Requirement notices

- Patient feedback in relation to accessing the practice remained negative. The practice were aware of this feedback but did not evidence improved patient satisfaction.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- The provider had implemented a process of appraisal and supervision for non-clinical staff, however, we found that the provider had not yet implemented a process of appraisal and supervision for clinical staff including locum and salaried staff.
- The practice failed to evidence they had oversight of staff training to ensure all staff were appropriately trained for the role they undertook.

There was additional evidence of poor governance. In particular:

- We found the provider had not implemented a vision, set of values or strategy.
- Staff reported that due to a large number of changes within the practice during a short period of time, roles and responsibilities within the practice were not always clear.