

# The Grange

## Quality Report

144-146 Mayors Walk

Peterborough

Cambridgeshire

PE3 6HA

Tel: 01733 310110

Website: [www.thegrangemedicalcentre.net](http://www.thegrangemedicalcentre.net)

Date of inspection visit: 4 November 2016

Date of publication: 20/12/2016

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.

### Are services well-led?

---

# Summary of findings

## Contents

### Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to The Grange	5
Why we carried out this inspection	5
How we carried out this inspection	5

## Overall summary

### Letter from the Chief Inspector of General Practice

This was the third inspection that we had carried out at The Grange. Our first visit took place on 6 June 2016 when we completed a comprehensive inspection. The practice was rated as inadequate overall and rated as requires improvement for providing caring and responsive services and inadequate for safe, effective and well led services. As a result of the findings on the day of the inspection the practice was issued with requirement notices for Regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons employed). We also found that the systems and processes in place to ensure good governance were ineffective and did not enable the provider to assess and monitor the quality of the services and identify, assess and mitigate against risks to people using services and others. As a result of these findings the practice was issued with a warning notice for Regulation 17 (Good governance) on 19 July 2016 and asked to achieve compliance by 23 September 2016.

On 2 September 2016 we carried out a second inspection visit in response to information of concern we had received about the provider who is also the registered manager and principal GP at a second practice, 3Well Medical Ltd Botolph Bridge. An inspection at 3Well Medical Botolph Bridge had identified that patient safety was being put at risk. Both practices shared a number of policies and procedures and several members of staff

worked at both locations. The inspection on 2 September 2016 focused on the safe and well led domains. We found that areas of unsafe practice identified at 3Well Medical Ltd, had ceased at the Grange. However the safety and leadership of systems for managing pathology and X-ray results and dealing with repeat prescriptions were not adequate. The practice was placed into special measures in September 2016.

On the 4 November 2016, we conducted a focused inspection to ensure that the practice had made the required improvements detailed in the warning notice that had been issued on 18 July following our inspection on 6 June 2016. The provider stated that the warning notice had not been received until two weeks prior to our visit.

During our visit we found that the practice had reviewed their systems and taken steps to strengthen the quality monitoring procedures they used for managing services. However, they were unable to demonstrate that all of the improvements had been completed or that they were effective.

We found the provider had not taken all the required actions in order to achieve compliance with the warning notice issued on 19 July 2016. Further enforcement action is being taken and the practice remains in special measures for a period of six months commencing 13 September 2016.

# Summary of findings

This report covers our findings in relation to our focused inspection. you can read our findings from our last inspections by selecting the 'all reports' link for The Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services well-led?**

We reviewed the urgent actions taken by the practice in response to the warning notices issued to them following the inspection on 6 June 2016. We found that;

- The practice had taken steps to improve monitoring and support for patients with long term conditions, However, there was no overall plan to prioritise actions and staff were not clear about the improvement plan.
- Action had been taken to ensure the safe management of incoming medical letters.
- Procedures for managing repeat prescription requests had been improved although there was further work to complete reviews for patients on an individual basis.
- There were appropriate systems in place to monitor safeguarding risks for vulnerable adults and children.
- A range of environmental risks had been assessed and actions had either been addressed or were identified for further action.
- There was a clear and effective process for monitoring progress with staff training.

# The Grange

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC inspector who was supported by a GP specialist advisor.

### Background to The Grange

The Grange is an established GP practice that has operated in the area for many years. It serves approximately 2,900 registered patients and has a general medical services (GMS) contract with NHS Cambridgeshire and Peterborough CCG.

It is located close to the centre of Peterborough in a private residential area and is close to local bus routes. There is very limited designated parking for patients although patients and visitors can park on the nearby roads. The service is close to a small pharmacy.

According to information taken from Public Health England, the patient population has a slightly higher than average number of patients aged 0 to 39 years. When compared to practice average rates across England the practice has a lower than average number of patients aged 45-59 years and over the age of 70. The practice informed us that they have a population group from diverse backgrounds and approximately 40% of their population are from a Pakistani background.

The practice is led by a GP who is supported by two part time locum GPs (one male one female) who have been based at the practice for approximately one year. The practice has not been successful in recruiting a second GP partner or salaried GP and at times other locums GPs are used. The team includes two practice nurses, one of whom is trained to provide a minor injuries service. A locum nurse

practitioner also works at the practice on a regular part time basis. There are two reception staff, a medical secretary, a practice manager and assistant practice manager. The GP also leads another larger practice based in the city. A number of staff (including the lead GP, practice manager, assistant practice manager and a lead receptionist) are based at the other practice most of the time. Staff work at both practice locations at times to share resources.

The opening times for the main surgery are Monday to Fridays from 9am to 6.30pm. Appointments are available with a GP or an advanced nurse practitioner from 9-11.30am and 3-5pm daily. Extended hours appointments could be provided by arrangement or arrangements could be made for patients to attend the other practice in the city run by the provider. When the practice is closed patients receive care and support through the out of hour's service. Patients can access this by dialling the NHS 111 service or by calling the practice.

### Why we carried out this inspection

We carried out an announced responsive focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was to follow up progress with the warning notice issued to the practice on 18 July 2016 in relation to Regulation 17 (Good governance)

### How we carried out this inspection

Before visiting, we reviewed the issues found at the 6 June 2016 inspection and the warning notices served 18 July

## Detailed findings

2016. We also reviewed the information gathered as part of our focused inspection on 2 September 2016. We carried out an announced visit on 4 November 2016. During our

visit we spoke with reception and administration staff, a practice nurse, the practice manager and lead GP. We viewed medical records, policies, and procedures that related to the issues identified within the warning notice.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

We found the practice had taken steps to strengthen the quality monitoring procedures they used for managing the services they provide. However, they were unable to demonstrate that all of the improvements had been effective.

An additional member of staff had been trained in an administrative role to review patient registers and recall patients for their health reviews using the Quality and Outcomes Framework (QOF) (This is a system intended to improve the quality of general practice and reward good practice for performance against national screening programmes). However there was no systematic process to recall patients for screening particularly in the areas of care where the practice required improvement such as in reviewing patients with mental health conditions, heart failure and diabetes. There was no overall written plan to prioritise patients with conditions where the practice had consistently performed below local and national average scores.

We completed a review of patients with mental health conditions and heart failure. We found that four patients selected had been reviewed in the last six to twelve months, one had been invited for review and five had no recall appointments set up to review their needs.

We spoke with two staff who described their role in monitoring patients with long term conditions. They were not aware of an overall plan to improve patient outcomes or a recall policy to prioritise and manage patient communication. The practice provided us with a recall policy but this did not include detail about the roles of named individuals.

The practice had reviewed their system for managing incoming medical letters. This included a review of the scanning protocol for non-clinical staff who ensured that letters were filed electronically. We saw evidence that these changes were communicated to all staff including the locum staff. We also spoke with three members of staff who confirmed that GPs or the advanced nurse practitioner dealt with all letters that required further action.

We spoke with the lead GP and other staff to establish what action had been taken to secure the safety of the repeat prescribing process. This confirmed that medication

reviews were being completed by a GP or the advanced nurse practitioner at appropriate intervals prior to reissuing a repeat prescription. A pharmacy technician was no longer employed at the practice.

During the inspection on 6 June 2016, we identified a patient who had received too many prescriptions for Tramadol (a controlled drug). We asked the practice to record this as a significant event and complete a review. Records confirmed the patient had been reviewed by the GP and an analysis of the event had been completed. As a result, the practice had changed their repeat prescribing process to exclude patients who were prescribed a controlled drug. This meant that a GP had to review the patient's medication before issuing a repeat prescription (although a low number of patients were excepted from this by the lead GP). The practice had identified that 359 patients had a controlled drug as a repeat prescription and work was still in progress to reduce this number. The practice had completed other medicines audits which were sent to us immediately after the inspection. One of these identified that 94 patients who received repeat prescriptions had not been reviewed in the last year and we found this work was still in progress.

The practice had recently reviewed the systems they used to manage the risks to vulnerable adults and children to safeguard their needs. We found the practice had taken steps to identify the vulnerable patients through the medical records system and they were working with other external professionals to confirm the accuracy of the registers. We saw that systems were in place to review patients with safeguarding needs at appropriate multidisciplinary meetings.

Improvement had been made to the management of environmental risks. The practice manager had completed training in legionella management and an external advisor had completed a legionella risk assessment in June 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Actions were identified and key actions had been taken during August and September 2016. Regular flushing and water temperature checks were in place although the action plan had not been signed off by the practice manager. A fire risk assessment had been completed a few days prior to our visit. Some actions had been taken and further actions were still required for example training a fire warden and a safety inspection of an external fire escape. A fire drill had

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

also been completed and the date of the next drill had been planned. A general risk assessment had been completed by an external advisor covering issues such as slips and trips, filing and storage and lone working. Most actions to mitigate the risks had been taken although a few required action such as improvement to external paving and addressing asbestos risks. Workstation health and safety assessments were completed by a member of staff.

Improvement had been made to the completion of staff training which was available online. The training log was monitored by the practice manager each month and staff

received email reminders. Since the inspection in June 2016, all relevant staff had completed training in; chaperoning, equality and diversity, basic life support, fire, Mental Capacity Act, safeguarding adults and children and information governance. All staff had completed infection control training with the exception of one non-clinical member of staff. Most staff still needed to complete health and safety training. Staff confirmed they were supported to complete the training and once completed, they supplied copies of their certificates to the practice manager. A review of the staff files confirmed this.



## Enforcement actions

### 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.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have appropriate systems in place to assess, monitor, mitigate risks and improve the quality of the service because;</p> <p>There was no systematic process to recall patients with long term conditions or those who required health checks. There was no overall written plan to prioritise patients with conditions where the practice had consistently performed below local and national average scores in the quality and outcomes framework such as patients with mental health conditions, heart failure or diabetes.</p> <p>The practice had improved the safety of the repeat prescribing process but had not yet ensured that all patients receiving repeat medicines had been appropriately reviewed to ensure the proper and safe management of medicines.</p> <p>Although improvement had been made to the management of environmental risks the practice had not completed all of the recommended actions to mitigate and reduce the risks.</p> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	