

The Grange

Quality 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.

Contents

Summary of this inspection

	Page
Overall summary	1
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to The Grange	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

This was the second inspection CQC has undertaken at The Grange.

On 6 June 2016, we carried out a comprehensive inspection of The Grange. The practice was rated as inadequate overall and rated as inadequate for providing safe, effective and well led services and requires improvement for caring and responsive services. As a

result of the findings on the day of the inspection, the practice was issued with warning notices for Regulation 17 (Good governance) and requirement notices for Regulation 12 (Safe care and treatment) and Regulations 18 (Fit and proper persons employed). The practice was placed into special measures for six months.

On 2 September 2016, we conducted an announced focused inspection. This inspection was undertaken because we had received information of concern about

Summary of findings

the provider. The provider at The Grange is also the Registered Manager and GP principal at a second practice (3Well Ltd Botolph Bridge). During a recent inspection at 3Well Ltd Botolph Bridge the provider was found to be putting patients at risk. We gathered evidence that showed that the lead GP, practice manager and practice staff, worked across both sites. We saw that the management team shared policies and procedures across both sites.

This report covers our findings in relation to our focused inspection which covered the safe and well led domain. 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.

The key findings from our inspection on 2 September 2016 across all the areas we inspected were as follows:

- During our inspection of the provider's second practice (3 Well Ltd Botolph Bridge) we found that staff were piloting a new model of care, which we were concerned placed patients at risk of harm. Following our inspection NHS England suspended this pilot. We found evidence that The Grange had previously operated this model of care. However the practice gave reassurance that this model was no longer in use at The Grange.
- During our inspection of the provider's second practice (3 Well Ltd Botolph Bridge), we found that the management of pathology and X-ray results was not well managed and put patients at risk of sub optimal care. On this inspection we found evidence that the provider was using a similar system and the same staff members. We did not find a delay in the processing of results, but found that the governance, policy, and procedures were not sufficiently robust.
- During our inspection of the provider's second practice (3 Well Ltd Botolph Bridge), we found that the practice employed staff to manage patient's medicines. They had not put a governance framework, practice policy, and procedure in place to ensure that patients were kept safe. This put patients at risk of harm. On this inspection we found evidence to show that the practice staff had performed medicines reviews and had re-authorised medicines, but that this approach had been discontinued. However, we found that the governance relating to the safe management of medicines needed to be improved.

This service was placed in special measures in September 2016 and this arrangement continues for 6 months.

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 safe?

We found the governance arrangement relating to the safe management of medicines was not robust. The practice gave assurance that a system that ensured only clinically trained staff reviewed and reauthorised medicines for patients was now in place. However, the practice governance, systems, and process to manage medicines safely needed to be improved further.

Are services well-led?

The practice had ceased some activities that had placed patients at risk. However, there was no evidence to show that patients whose medicines had been reviewed and re-authorised by practice staff without clinical oversight had been reviewed to ensure that patient's medicines had been managed safely.

The Grange

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included an enforcement inspector, GP specialist adviser and a member of the CQC medicines team.

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 contract with NHS Cambridgeshire and Peterborough CCG.

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 nine months. 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 an 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.

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 carried out because the provider was the Registered Manager and lead GP at a second practice (3Well Ltd Botolph Bridge) where we found significant concerns.

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 2016. We also reviewed the information supplied by the provider as evidence of the actions taken to address those issues. We carried out an announced visit on 2 September 2016.

During our visit we spoke with reception and administration staff, a practice nurse, and two locum GPs. We viewed medical records, policies, and procedures.

Our inspection focused on the safe and well led domains.

Are services safe?

Our findings

During our inspection on 2 September 2016 of The Grange, we reviewed the pathology inbox within the practice's computer system. There was no backlog of results indicating that these were managed in a timely way. However we were concerned that the practice was unable to provide evidence of safe recruitment practice, appropriate training, and competency assessment in relation to the staff who were managing pathology results.

We requested a copy of the practice policy for managing pathology results; a practice staff member printed a copy for us. We reviewed the document; it did not show a clear system to manage results. For example the policy stated that administration staff should file all normal results. Practice staff we spoke with told us they did not file the results; however, a review of pathology records showed that administration staff had filed results. One staff member told us that they had developed a system to ensure that results received for patients who had left the practice were passed onto the new practice in a timely way. They told us that this was something that they had initiated themselves but did not know if it had been adopted as a practice wide process.

We were concerned that the practice did not have a shared plan which informed staff who was responsible for reviewing and actioning pathology results. For example, practice staff told us that the locum GPs that were in that day, would review and action all the results. One GP we spoke with told us that they only reviewed and actioned the results from tests that they had ordered and told us that another GP (in later that day) would review and action the other results. However when we spoke with the GP on the later shift, they explained that they were the only GP working in the practice that afternoon and told us that they hoped to clear all the urgent results but were unlikely to have time to clear the results that the report indicated were normal.

Staff told us that they were concerned that the system and process in place was not clear, and that there did not seem to be clear agreed accepted responsibility for the work.

We noted that the results pending review had been received on the day of the inspection or the day before.

We saw that until recently at The Grange, non-clinical members of staff undertook medicine reviews and re-authorised prescriptions. In some cases these practice staff re-authorised prescriptions for up to 12 months before the relevant blood test results were undertaken. This system placed patients at potential risk of harm, as the patient was not monitored timely to ensure safe prescribing of medicines.

We saw that practice staff had reissued a patient's medication on 17 August 2016. This patient had been diagnosed with diabetes in November 2004. The last record of a blood test called HbA1c was of one taken in 2009. This was highlighted by a request from a hospital in March 2016, the patient had been admitted for another matter, and the hospital had requested a copy of the patient's last result. An HbA1c blood test provides a GP with an overall picture of a patient's blood sugar levels. National guidance is for this test to be carried out every three to six months. This patient was at potential risk of harm, as there was insufficient clinical oversight to ensure safe prescribing of medicines.

Although the practice had stopped the staff member undertaking medicines reviews and re-authorising of medicines following our inspection at another practice run by the same provider, we did not see any evidence to show that reviews undertaken by these staff had been audited to check that patients were safe.

The system for managing repeat prescriptions, including high risk medicines, was not robust. Practice staff showed us that they checked that people on high risk medicines had the relevant monitoring tests before they issued repeat prescriptions. They told us that a GP reviewed the test results. However, evidence we found showed that this was not managed safely. We saw that prescriptions had been issued without clinical oversight to ensure that the test results were within an acceptable range and time frame before the repeat prescription was issued.

Are services well-led?

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

Our findings

During our inspection we saw that, as a result of the findings from a CQC inspection at the provider's other practice, The Grange had ceased some activities that placed patients at risk.

However, the leadership team had not ensured that appropriate governance arrangements were in place to

ensure that staff were appropriately guided to keep patients safe from harm. For example, the policy, procedure, and system for managing pathology and X-rays results were not clear and practice staff were not clear about their roles and responsibilities. There was no evidence to show that patients whose medicines had been reviewed and re-authorised by practice staff without clinical oversight had been reviewed to ensure that patient's medicines had been managed safely.