

Octagon Medical Practice

Inspection report

The Medical Centre
Wisbech Road, Thorney
Peterborough
Cambridgeshire
PE6 0SD

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Date of inspection visit: 4 July 2019 to 5 July 2019
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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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Octagon Medical Practice on 4 and 5 July 2019 as part of our inspection programme. The service was previously inspected in October 2016 as Thorney and Eye Medical Practice and was rated Good overall.

Since July 2018, Octagon Medical Practice has merged with eleven other local practices to provide primary medical services to approximately 156,000 patients in the Peterborough, Wisbech, March and Huntingdon areas of Cambridgeshire and Peterborough.

Octagon Medical Practice is developing and has plans to merge a further eight practices. To ensure effective management they have separated into three local regions; North, East and West. The eight practices that are awaiting formal merger, are separately registered with CQC under their original registration and did not form part of this inspection.

This inspection focussed on the North region comprising 11 merged practices (and one awaiting formal merger). We inspected seven of these sites including one dispensary:

- Thorney and Eye Medical Practice – the providers registered location (Thorney Surgery PE6 0SD and Eye Surgery PE6 7UX)
- Jenner Healthcare Centre, PE7 1EJ
- Nene Valley Medical Practice, PE2 5GP
- Westgate Surgery, PE1 1NE
- Park Medical Centre, PE1 2UF
- Thomas Walker Surgery, PE1 2QP (Comprising Thomas Walker Surgery, Minster Medical Practice and Huntly Grove Practice)

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:

- We found within the dispensary at one branch site, the practice did not have appropriate systems in place for

the safe management of medicines. We found out of date medicines and although standard operating procedures (SOPs) were in place there was no evidence to demonstrate that staff had read and understood them. There was no record that staff had regular reviews or assessments to ensure they were competent to undertake their roles and responsibilities or that they were compliant with SOPs, standards, guidelines and best practice. In addition, there were limited records of dispensing errors and near misses and fewer than expected for a practice dispensing to 3000 patients where they had recorded them there was no evidence of action taken to reduce the likelihood of recurrence.

- There was an organisation wide infection prevention and control policy in place however, this was not site specific and therefore not wholly effective.
- Recruitment checks had not always been carried out in line with regulations and guidance; the organisation had identified this issue prior to our inspection and had an action plan in place to address it.

We have rated the effective domain as requires improvement overall.

We rated the population groups of older people, families, children and young people, people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia) population groups as **good**. We have rated the people with long term conditions and working age people population group as **requires improvement** because:

- Some Quality and Outcomes Framework indicators were below local and national averages, there were also higher than average exception reports for patients from some branches.
- Cancer screening data for patients across all sites varied with some branches having lower than average screening rates.

We rated the practice as **Good** for providing caring, responsive and well-led services and in all population groups because:

- 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.

Overall summary

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Ensure that care and treatment is provided in a safe way.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Review infection prevention and control policies to ensure these are site specific.
- Continue to implement local risk assessments for the safe storage of substances hazardous to health.
- Review and improve the system for identifying, recording, investigating and learning from near misses and significant events in the dispensary.
- Monitor and improve the quality of care provided to patients with long term conditions and for national cancer screening programmes.

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	Good 
People with long-term conditions	Requires improvement 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Requires improvement 
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 included a GP specialist advisor, nurse specialist advisor and a second CQC inspector. Specialist medicines management advice was available remotely.

Background to Octagon Medical Practice

Operating since July 2018, Octagon Medical Practice provides primary medical services to approximately 94,000 patients in the Peterborough, Wisbech, March and Huntingdon areas of Cambridgeshire from its registered location The Medical Centre, Wisbech Road, Thorney, Peterborough, Cambridgeshire, PE6 0SD. The service is commissioned by Cambridge and Peterborough Clinical Commissioning Group (CCG).

The service is registered with the CQC to carry on the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Octagon Medical Practice is developing and has plans to merger a further eight practices. To ensure effective management they have separated into three local

regions; North, East and West. The eight practices that are awaiting formal merger, are separately registered with CQC under their original registration and did not form part of this inspection.

The service employs over 500 staff across all sites and is governed by a board of 4 clinical and one non-clinical partners managed by a clinical partner chair. Each year two clinical board members retire from the board allowing two new partners and their respective practices to be represented on the board.

The board oversees and receives monthly reports from four clinical governance committees with the non-clinical management of the service is led by the managing partner leading a team of six non-clinical managers.

Each branch site has at least one GP partner and a non-clinical site lead responsible for the day to day running of the site supported by a team of clinical and administrative staff.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The practice had failed to evidence that all recruitment checks necessary had been undertaken to ensure all staff had been recruited appropriately.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines. We found out of date medicines available to be dispensed to patients. Dispensary staff had not had regular reviews to ensure they were assessed as competent to under take their roles and responsibilities.