

Baslow Health Centre

Inspection report

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Bakewell
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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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Baslow Health Centre on 23 and 31 August 2022. Overall, the practice is rated as requires improvement overall. It is rated as:

Safe: requires improvement

Effective: good

Caring: good

Responsive: good

Well-led: requires improvement

Following our previous inspection, the practice was rated Outstanding overall and for key questions caring and responsive, and good for safe, effective and well-led.

At the last inspection in June 2016 we rated the practice as outstanding for providing caring and responsive services because:

- GPs provided personalised care, especially to those patients requiring end of life care and those living in the local care home.
- The national GP survey which showed that patients rated the practice above local and national averages in respect of all aspects of care and for access.
- The practice hosted some services on site which made it easier for their patients to access them.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practise, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing caring and responsive services.

We also carried out an unrated review of the practice on 7 December 2021.

The full reports for previous inspections can be found by selecting the 'all reports' link for Baslow Health Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- The issues identified in the unrated review in December 2021.
- Key questions safe, effective, caring, responsive and well-led.
- Follow up of a Requirement Notice breach in Regulation 17 HSCA (RA) Regulations 2014 Good Governance
- Follow up on a Requirement Notice breach in Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.
- One best practice recommendation.

How we carried out the inspection

Overall summary

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit
- Spoke with one care home representative.

Our findings

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 a safe service. This is because:

- The practice could not evidence that staff received Infection Prevention and Control training, either as part of their induction or through periodic refresher training.
- Not all staff were aware of the location of emergency equipment and medicines.
- There were incomplete reviews and implementation of changes for significant events.

However:

- The multidisciplinary team meetings discussed any patients deemed to be at risk or of concern, including those admitted to hospital, ready for discharge or requiring additional support in the community.
- Improvements had been made to the processes for the safe handling of requests for repeat medicines, including those for high risk medicines and controlled medicines.
- The practice generally provided care in a way that kept patients safe and protected them from avoidable harm.

We rated the practice as good for providing an effective, caring and responsive service. This was because:

We found that:

- Patients received effective care and treatment that met their needs, although care plans needed to be used more consistently by clinicians.
- The practice had strengthened the procedures in place around medicine reviews however, processes were not in place to ensure consistent use of templates and care plans.

Overall summary

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

We rated the practice as **requires improvement** for providing a well-led service. This is because:

- Some aspects of staffing continued to present challenges, in particular maintain reception / administrative staffing levels, although the practice had successfully recruited a GP partners, two salaried GPs, and practice manager and additional reception / administrative staff.
- Structures, processes systems to support good governance and management were not always effective.
- The management of safety systems was not effective particularly in relation to staff training, employment checks and learning from significant events and complaints was not always communicated effectively or embedded into practice.
- Not all staff felt valued or supported in their roles.
- Clear and effective process for managing risks, issues and performance were not always in place.

We found three breaches of regulations. The provider **must**:

- 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 recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed

The provider **should**:

- Use a patient identification method in the multidisciplinary team meetings that clearly identifies the correct patient.
- Continue to obtain the immunisation status for all staff and take appropriate action according to the information received.
- Obtain confirmation from NHS Estates the temperature of the hot water within the practice is at the required temperature to maintain the safe control of legionella.
- Make all staff aware of the location of the emergency equipment and emergency medicines.
- Provide purple lidded waste bins to dispose of cytotoxic and hormone based medicines in the dispensary.
- Review all patient records coded as having ReSPECT forms in place to ensure the form is available in the notes.
- Consider succession planning for all teams within the practice.
- Update all staff about the mission statement, values and strategy.
- Implement nurse team meetings.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location, and a member of the CQC pharmacy team who spoke with staff in person and undertook a site visit.

Background to Baslow Health Centre

Baslow Health Centre is located in Baslow at:

Church Lane

Baslow

Bakewell

Derbyshire

DE45 1SP

The practice also has a dispensary on site. This service is only available for patients who reside a mile or more from a local pharmacy.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is a member of the NHS Derby and Derbyshire Integrated Care Board / Joined Up Care Derbyshire and delivers General Medical Services (GMS) to a patient population of about 4,771 patients. This is part of a contract held with NHS England. The practice is part of Derbyshire Dales Primary Care Network, a wider network of 8 GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England shows that deprivation within the practice population group is in the tenth decile (f10 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98.4% White, 0.8% Mixed Race, 0.7% Asian, 0.1% Black and 0.1% Other.

The age distribution of the practice population demonstrates a significantly higher proportion of older patients, and lower numbers of working age and younger patients compared to local and national averages:

- The percentage of older people registered with the practice is 32.9% which is above the CCG average of 20.4%, and the national average of 17.7%.
- The percentage of working age people registered with the practice is 52.3% which is below the CCG average of 60.2%, and the national average of 62.3%.
- The percentage of young people registered with the practice is 14.8% which below the CCG average of 19.4%, and the national average of 20.0%.

There is a team of five GPs at the practice. The practice has a team of two nurses and a health care assistant who provide nurse led clinics for long-term conditions. The GPs are supported at the practice by a practice manager, a team of reception/administration staff and a secretary.

The practice is open between 8am to 6.30pm Monday to Friday. The dispensary is open between 9am and 6pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by a number of local GP practices within the Derbyshire Dales Primary Care Network where late evening and weekend appointments are available. Out of hours services are provided by DHU Healthcare.

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 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none">• The written recruitment policy seen did not make reference to all of the required recruitment information as outlined in Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, or the guidance on immunisations as outlined in the 'Green Book' Immunisation Against Infectious Diseases.• Not all of the required recruitment information was available in the files. For example, full employment histories; satisfactory evidence of conduct in previous employment and satisfactory information about any physical or mental health conditions. <p>This was in breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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>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 could not evidence that staff received infection control training as part of their induction or through periodic refresher training.

This section is primarily information for the provider

Requirement notices

- The practice could not evidence that all staff completed a general induction to the practice or a role specific or individualised induction / training programme which included assessment of competencies.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk. In particular:

- The provider could not demonstrate that the recruitment procedures operated effectively as not all of the required information was available in staff files.
- The provider could not demonstrate that all staff were up to date with training including infection control, equality and diversity and any training specific to their role.
- The provider could not demonstrate that the significant event policy and the complaint policy were consistently followed, or that learning was always identified, implemented and reviewed.

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