

Nightingale Medical Centre

Inspection 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.

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

Nightingale Medical Centre was formerly known as Welland Medical Practice.

The practice was previously inspected in April 2016 and rated as good overall and for providing effective, caring, responsive and well led services and rated as requires improvement for providing safe services. We undertook a desk top review of the safe domain in September 2016 and rated the practice as good for providing safe services.

A comprehensive inspection of Welland Medical Practice took place on 29 November 2018. The practice was rated as inadequate for providing safe, effective, responsive and well led services, and rated as requires improvement for caring services. As a result of the findings on the day of the inspection the practice was issued with a warning notice for regulation 12 (Safe care and treatment) and a requirement notice for Regulation 17 (Good governance). We understood a further inspection of the practice was undertaken on 25 June 2019 and the practice was rated as requires improvement. The practice was rated for requires improvement for providing of safe, care and well led services. They were rated as good for providing caring services and inadequate for providing responsive services. The practice remained in special measures.

We carried out a comprehensive inspection of Welland Medical Practice on 13 August 2019. The practice was rated as requires improvement for providing safe, caring and well led services. We rated the service as inadequate for providing responsive services and good for providing effective services. As a result of the findings the practice was issued with a requirement notice for regulation 17 (Good governance). The practice remained in special measures.

You can read our findings from our last inspections by selecting the 'all reports' link for Welland Medical practice on our website at .

This report describes our findings from an announced comprehensive inspection at Nightingale Medical Centre on 10 February 2020. 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 we found:

- Two weeks prior to our inspection, the practice had moved into the new purpose-built premises and had been successful in recruiting additional staff including GPs, nurses and a practice manager.
- Due to the closure of a local practice, the Nightingale Medical centre had significantly increased their list size by approximately 1,600 patients.
- We found the practice had implemented a number of governance structures and systems since our previous inspection.
- We saw the practice had made improvements including; the completion of a number of medicine reviews and improved medical record coding.
- Some practice performance had decreased since our last inspection for example; uptake of childhood immunisation and screening rates for cervical cancer.
- Patients we spoke with told us they had seen improvements in the practice since the previous inspection. In addition to this we received 19 CQC written comment cards, 16 of which were wholly positive about the service.

At this inspection, we have rated the practice as **requires improvement overall**. The population group of working age people (including those recently retired and students) has been rated as requires improvement for providing effective services. All population groups have been rated as requires improvement for responsive services. As a result of these ratings all population groups are rated as requires improvement overall.

We rated the practice **as requires improvement** for providing **caring** services because:

- At this inspection we found some patient feedback had improved in respect of the care they had received, but data from the GP patient survey published July 2019 showed patient satisfaction had decreased in respect of care patients received. The practice remains rated as requires improvement for providing caring services.

We rated the practice was rated **as requires improvement** for providing **responsive** services because:

Overall summary

- We found the GP patient survey data July 2019 was still below the CCG and national averages. However, we noted since moving into the new premises, the practice had been successful in recruiting more staff including GPs, nurses, and receptionists. In addition, they had introduced a new appointment system, ensuring all patients were seen or spoken to on the day they requested a consultation. Patients we spoke with and comments we received were positive in their feedback. This data affected all population groups; therefore, they are all rated as requires improvement for providing responsive services.

We have rated the practice was rated as **good** for providing **safe, effective and well-led** services.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to embed and monitor the new risk assessments, policies and procedures relating to changes and the health and safety of patients and staff in the practice premises.
- Take action to improve the recent decline in uptake of childhood immunisations.
- Continue to review and monitor patient feedback to ensure changes to access and appointments is effective.

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.

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, practice nurse specialist adviser and a second CQC inspector.

Background to Nightingale Medical Centre

- The name of the registered provider is Welland Medical Practice.
- The name of the registered location is Nightingale Medical Centre.
- The address of the location is Damson Drive, Peterborough PE1 4FS.
- The practice moved into the new premises of Nightingale Medical Centre on 28 January 2020.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- Nightingale Medical Centre provides services to approximately 5,466 patients.
- The practice has four GP partners (two male, two female) and four locum GPs who provide services on a regular basis. There is an advanced care practitioner (nurse practitioner with a prescribing qualification), three practice nurses and two health care assistants. There is a practice manager and a team of administration and reception staff members.
- The practice holds a General Medical Services contract with NHS England.
- The practice is open between 8.30am and 6pm Monday to Friday. Appointments can be booked in advance and the practice was part of a local scheme to offer appointments in the evening and on weekend mornings. Urgent appointments are available for people that need them. Online appointments are available to book in advance.
- When the practice is closed patients are automatically diverted to the GP out of hours service provided by Herts Urgent Care. Patients can also access advice via the NHS 111 service.
- We reviewed the most recent data available to us from Public Health England which showed the practice has a larger number of patients aged 0 to 65 years old compared with the national average. It has a lower number of patients aged 65 and over compared to the national average.
- Income deprivation affecting children is 30%, which is higher than the CCG average of 13% and the national average of 20%. Income deprivation affecting older people is 28%, which is higher than the CCG average of 14% and lower than the national average of 20%. Life expectancy for patients at the practice is 77 years for males and 82 years for females; this is comparable to the CCG and England expectancy which is 80 years for males and 83 years for females.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <ul style="list-style-type: none">• The practice did not have an effective system to consistently monitor and take action to improve the quality of the services provided. In particular;• The provider had not acted to address reduced uptake of cancer screening services or acted to improve the quality monitoring of cancer detection from amongst the practice population.• The practice policy for the monitoring of high-risk medicines was ineffective in ensuring all relevant patients were monitored. The practice policy to manage test results was ineffective as it did not ensure that all results would be reviewed and acted upon in a timely manner.• The practice had not formalised their documented oversight of ensuring the competency of prescribing staff.• Meeting records, including those for when significant events or complaints were discussed were not sufficiently detailed to provide assurance that information and learning were sufficiently shared and learned from. |