

Danebridge Medical Practice

Inspection report

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Northwich
CW9 5HR
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Date of inspection visit: 18 May 2021
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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

Good 

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?

Good 

Overall summary

We carried out an announced inspection at Danebridge Medical Practice on 12 and 18 May 2021. Overall, the practice is rated as Good.

The ratings for each key question: -

Safe - Requires improvement

Effective - Good

Well-led - Good

Following our previous inspection on 19 February 2019, the practice was rated Requires Improvement overall. It was rated Requires Improvement for providing Safe and Well-led services and Good for providing Effective, Caring and Responsive services.

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

Why we carried out this inspection

This inspection was a focused follow-up review of information which included a site visit to follow up on:

- Breaches of regulations and 'shoulds' identified in the previous inspection
- Ratings for Responsive and Caring were carried forward from the previous inspection.

How we carried out the inspection

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
- Conducting an interview of Patient Participation Group members 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 which included a review of records and discussion with staff

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 Good overall and Requires improvement for the safe key question and population group People with long-term conditions.

We rated the practice as Requires Improvement for providing Safe services because:

- Improvements were needed to the management of medication to ensure patient safety.
- Improvements were needed to the system for identifying patients with long-term conditions to ensure they received appropriate monitoring of their health needs.

We rated the practice as Requires Improvement for People with long-term conditions because:

- Improvements were needed to the system for identifying patients with long-term conditions to ensure they received appropriate monitoring of their health needs.

We found that:

- The provider had taken action to improve the service provided following the last inspection.
- There were clear systems in place for managing complaints and significant events and ensuring learning was communicated.
- The recruitment processes had been improved and the practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- The provider had put in place a system to identify issues that needed to be reported to CQC.
- There was an effective system for monitoring the training needs of clinicians and all staff and ensuring any training gaps were addressed.
- The provider had reviewed the system for monitoring blood results to ensure these were reviewed in a timely manner.
- Improvements had been made to the management of some medications, such as high-risk drugs.
- The provider had an improved programme of quality improvement and used information about care and treatment to make improvements.
- The provider had adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. This included regular communication with staff to ensure they knew about changes and felt supported.
- Improvements had been made to monitor the systems to refer patients with suspected cancer to hospital, to ensure prescriptions were managed securely and monitor medication taken on home visits.
- Improvements had been made to infection control practices.
- The provider encouraged a culture to provide good quality care to patients.
- Staff felt well supported and were clear about their roles and responsibilities.
- Improvements had been made to ensure there was better communication with staff. Daily briefings were held which were then communicated to all staff by email.

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

- Ensure care and treatment is provided in a safe way to patients.

We also found the provider **should**:

Overall summary

- Record a risk assessment to determine the range of emergency medicines held at the practices.
- Record the monitoring undertaken of the prescribing competence of non-medical prescribers.
- Clarify the protocol for managing blood results to indicate which staff are responsible for actions.
- Establish a system to check Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions document all the required information.
- Put in place a procedure for the safe use of oxygen to support the risk assessment.
- Keep the legionella risk assessments under review to address the actions indicated.
- Ensure that a record is made of in-house checks of the fire safety systems.

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)	Good 
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 lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a second CQC inspector who spoke with staff using video conferencing facilities and a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Danebridge Medical Practice

Danebridge Medical Practice is located in Northwich at:

29 London Road

Northwich

Cheshire

CW9 5HR

The practice has two branch surgeries, Kingsmead Medical Centre and Sandiway Surgery, located at

2 Kingsmead

Regency Way

Northwich

Cheshire

CW9 8UW

Sandiway Surgery

1A Weaverham Road

Sandiway

Northwich

CW8 2NJ

During this inspection we visited Danebridge Medical Practice.

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

The practice is situated within the Cheshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 24,949. This is part of a contract held with NHS England. The practice is part of Northwich Primary Care Network.

The practice has a team of eight partner GPs. There are also nine salaried GPs and four GP Registrars (a registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice). The practice has a team of seven nurses and a nurse manager (who is also qualified to prescribe medication). There are three health care assistants, one trainee health care worker and a health care co-ordinator, two clinical pharmacists, a pharmacy technician, a muscular skeletal practitioner and a paramedic. Clinicians are supported by the practice manager/ business manager, human resources manager, IT manager, reception manager and reception and administrative staff. The practice had a contract with two self-employed counsellors to provide a service to patients.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations.

The practice offers services from both a main practice and the two branch surgeries. As a result of the pandemic Sandiway Surgery was closed until September 2020 and currently only provides a service to extremely clinically vulnerable patients who need to see a GP face to face. Kingsmead Medical Centre is the designated Covid 19 vaccination site for Northwich PCN and provides a reduced service when the vaccination clinics are in operation. Danebridge Medical Practice offers extended access every Monday and Tuesday. South Cheshire and Vale Royal GPs were also offering extended hours appointments at selected practices known as GP Hubs. These appointments are available to any registered patients from any practice within the boundaries of South Cheshire and Vale Royal. Out of hours services are accessed by calling 111.

The National General Practice Profile states that 98% of the practice population is from a white background.

The Quality Outcomes Framework (March 2020) shows that the practice has a similar prevalence of patients with long-term conditions to practices in the Cheshire Clinical Commissioning Group and to other practices nationally.

Information published by Public Health England report deprivation within the practice population group as 9 on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

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

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Patients were not having the required monitoring of their health before repeat medications were prescribed.
- Patients were not identified through the coding system as having a long-term condition that required monitoring.
- Medication reviews had not taken place in a timely manner.

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