

Dove River Practice

Inspection report

Tutbury Health Centre
Monk Street, Tutbury
Burton-on-trent
DE13 9NA
Tel: 01283812455
www.doveriverpractice.nhs.uk

Date of inspection visit: 23 August 2022
Date of publication: 20/10/2022

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 comprehensive at Dove River Practice on 23 August 2022. Overall, the practice is rated as good.

Safe - requires improvement

Effective - good

Caring - good

Responsive - good

Well-led - good

Following our previous inspection on 12 January 2016 under a previous provider, the practice was rated good overall and for all key questions. Dove River Practice inherited this rating under its new owners.

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

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A shorter site visit.

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 the practice as good overall

We found that:

Overall summary

- The practice had not always provided care in a way that kept patients safe and protected them from avoidable harm because the systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk were not always effective.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. However, some areas of the practice were not managed consistently as concerns in relation to risk management identified during the inspection had not been identified or resolved by the practice.

We rated the provider as requires improvement for providing safe care and treatment. This was because:

- The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. For example, Safety alerts were not always acted upon.

We found one breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way for service users

In addition, the provider **should**:

- Implement Disclosure and Barring Service checks before employees commence employment.
- Update the safeguarding policies to contain all the categories of abuse. Include escalation information in complaint responses.
- Continue to address issues around infection prevention and control.
- Add alerts for parents/guardians of vulnerable children.
- Continue to complete the improvement works planned in the fire and Legionella risk assessments.

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 along with a second inspector and a member of the CQC medicines optimisation team. 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.

Background to Dove River Practice

Dove River Practice is located in Staffordshire at:

Dove River Practice

Tutbury Health Centre

Monk Street,

Tutbury

Burton-on-Trent

DE13 9NA

The practice has a branch surgery at:

Dove River Practice

Sudbury Surgery

The Dove River Practice

Gibb Lane

Sudbury

Derbyshire

DE6 5HY

Dove River Practice Sudbury Surgery is where the dispensary is situated, and we also visited this as part of the inspection

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

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery but only patients registered with Dove River Practice Sudbury Surgery are able to use the dispensary service.

The practice is situated within the NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) and delivers General Medical Services (**GMS**) to a patient population of approximately 8,780. The practice sits within East Staffordshire Primary Care Network (PCN), in which there are 18 practices. PCNs work collaboratively to deliver primary care services.

Information published by Public Health England shows that deprivation within the practice population group is in the eight decile (eight 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, 96.3% White, 1.7% Asian, 0.6% Black and 1.1% Mixed.

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

- The percentage of older people registered with the practice is 25.8% which is higher than the CCG average of 19.4% and above the national average of 17.7%.
- The percentage of young people registered with the practice is 17.6% which is below the CCG average of 20.7% and the national average of 20%.

There is a team of five GPs who provide cover at both practices and one long term locum GP. The practice has a team of two nurses who provide nurse led clinics for some long-term condition of use of both the main and the branch locations and one advanced nurse practitioner. There are three Healthcare Assistants and a trainee GP pharmacist. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at the branch site and the assistant practice manager is based at the main location to provide managerial oversight.

The main practice is open between 8 am to 6 pm Monday to Friday (core hours). The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided via NHS 111 service.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>Safety alerts were not always acted upon.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	