

Dr Cotterell and Partners

Inspection report

Green Lane
Thrapston
Kettering
NN14 4QL
Tel: 01832732456
www.nenevalleysurgery.co.uk

Date of inspection visit: 8 August 2023
Date of publication: 23/02/2024

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 to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection) at Dr Cotterell and Partners, also known as Nene Valley Surgery on 8 August 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive - requires improvement

Well-led - requires improvement,

Following our previous inspection on 16 February 2016, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Cotterell and Partners on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us.

How we carried out the inspection

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 short 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 found that:

- Remote reviews of the clinical record system demonstrated that medicine reviews were not always completed comprehensively and safety alerts had not always been responded to.

Overall summary

- Processes were in place to manage significant events with learning points identified. However, staff reported they were not always informed of the outcome of significant event investigations.
- The uptake for cervical screening was below the 80% target set by the UK Health Security Agency.
- There was minimal quality improvement activity. The practice had put an action plan in place. However, at the time of the inspection it had not been fully implemented.
- Feedback from patients via the National GP Patient survey was negative regarding telephone access and appointment booking.
- The practice had taken some actions to improve telephone access and appointment booking and had plans to change their telephony system. However, it was too soon to assess the impact of these measures.
- Policies and procedures were in place and accessible to staff to govern activity in the practice. There was a lack of oversight to ensure policies and procedures regarding medicines management and safe management of patients was applied.
- The practice had worked with the Northamptonshire Integrated Care Board and identified actions to be taken to make changes to the practice. They had implemented a Quality Improvement Action Plan to monitor and complete the actions.
- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- The practice had systems in place to keep all clinical staff up to date. Staff had access to clinical templates and National Institute for Health and Care Excellence (NICE) best practice guidelines.

We found 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.

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

- Continue to take measures to improve the uptake of cervical screening.
- Embed the quality improvement action plans that had been developed.
- Continue to take actions to improve patient satisfaction in relation to access and appointment booking.

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 Health Care

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.

Background to Dr Cotterell and Partners

Dr Cotterell and Partners is located in Thrapston at:

Nene Valley Surgery

Green Lane

Thrapston

Kettering

Northamptonshire

NN14 4QL

The practice has an onsite dispensary that was visited as part of the inspection.

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

The practice is situated within the NHS Northamptonshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 7,260. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, East Northants Primary Care Network (PCN), that enables them to work with other practices in the area to deliver care.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 10th decile (10 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% White, 2% Mixed, 1% Asian, 1% Black, and 1% Other.

The age distribution of the practice population has a lower than average number of patients under 49 years and a higher number of patients aged 50 to 79 years compared to the local and national averages.

The practice has 3 GP partners and a physician associate. The nursing team consists of 2 nurse practitioners, 2 practice nurses and a nurse associate. There are 3 dispensers led by a dispensing manager. The GPs are supported at the practice by a team of reception/administration staff. At the time of the inspection the provider was in the process of recruiting a practice manager to provide managerial oversight.

The practice is open between 8am to 6.30pm 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 locally by The East Northants GP Extended Access Service, where late evening and weekend appointments are available.

When the practice is closed, out of hours services can be accessed via the 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 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>How the regulation was not being met:</p> <p>The provider recorded medicine reviews had been conducted without documenting the outcomes from the review and without addressing required monitoring or changes to treatment that should have been identified during a comprehensive review.</p> <p>A remote review of the clinical system showed the provider was unable to demonstrate that all relevant safety alerts had been responded to. For example,</p> <ul style="list-style-type: none">• we saw that 8 patients remained on a dose of a medicine used to treat depression that increased their risk of heart problems. We reviewed 5 of these patients and found there was nothing in their records to indicate this had been identified and the risk discussed with the patient or alternative treatments considered.• a review of the patient record system identified 17 patients prescribed a combination of a medicines used to treat those who have had a stroke or heart attack to reduce their chances of having a further one, and a medicine used to reduce stomach acid. A safety alert issued in 2014, advised that these medicines should not be prescribed together as the medicine used to reduce the chance of having a stroke was made less effective. <p>This was in breach of Regulation 12(1) 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

Staff did not always feel supported by the GPs and practice management. Learning from significant events was not always shared with relevant staff members.

There was a lack of oversight to ensure policies and procedures regarding medicines management and effective management of patients was applied.