

Southglade Medical Practice

Quality 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 service

Inadequate



Are services safe?

Are services effective?

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Southglade Medical Practice on 26 September 2017. The overall rating for the practice was inadequate, and it was placed into special measures. Two warning notices were issued to the provider in response to identified breaches in regulations. The full comprehensive report on the September 2017 inspection can be found by selecting the 'all reports' link for Southglade Medical Practice on our website at www.cqc.org.uk.

The overall rating of inadequate will remain unchanged until we undertake a full comprehensive inspection of the practice within the six months of the publication date of the report from September 2017.

This inspection was an announced focused inspection carried out on 7 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations set out in the warning notices issued to the provider.

The warning notices were issued in respect of regulations related to safe care and treatment, and staffing. Specifically, the service provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment; there was limited supervision and clinical oversight of some staff.

Our key findings were as follows:

- The practice had complied with the warning notices that we issued and had taken action to ensure they met with legal requirements.
- The process in place to review and act on safety alerts had improved significantly. A comprehensive log was maintained to summarise the receipt of incoming alerts, their dissemination and the follow up actions taken.
- Procedures relating to the management of vaccines had been strengthened. Staff recorded daily temperature logs for the vaccine fridges, and followed cold chain procedures by recording reasons for any temperature readings out of the recommended range.
- Recruitment files showed steps had been taken to ensure appropriate checks were carried out for staff working with vulnerable people. These included immunisation records for relevant clinical staff.
- There was increased supervision and clinical oversight of clinical staff. Eligible staff had received annual appraisals; some appraisals were in progress at the time of our inspection. These included reviewing the performance of staff and supporting them with their personal development plans.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Southglade Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection comprised of a lead CQC Inspector.

Background to Southglade Medical Practice

Southglade Medical Practice provides primary medical services to approximately 2,700 patients through an alternative provider medical services (APMS) contract. The practice is located in the Bestwood area of Nottingham, approximately four miles from the city centre. It is run by Southglade Medical Practice Ltd who took over as the provider of services at the practice on 5 January 2017. The directors operate under the brand Tudor House Medical Group, and run another practice 1.3 miles away called Tudor House Medical Practice.

The premises were newly built in 2012 and are rented from the previous providers who own the building. The practice use six clinical rooms and two non-clinical rooms, whilst the rest of the building is shared with other local community health services including a pharmacy. They are located within Southglade Park alongside council owned services such as the leisure centre, community access centre and Sure Start Children's Centre.

The level of deprivation within the practice population is above the national average. The practice is in the first most deprived decile meaning that it has a higher proportion of people living there who are classed as more deprived than most areas. Data shows the number of younger people

aged below 40 years registered at the practice is significantly higher than the national average, and the proportion of 40 to 85+ year olds is significantly lower than national averages.

The practice team comprises of two GP directors (male), two long term locum doctors (male and female), an advanced nurse practitioner, a practice nurse, a health care assistant, a group practice manager, a deputy practice manager and two receptionists. They are supported by a premises officer and a cleaner employed by the landlord.

The practice is open between 8am and 6.30pm Monday to Friday. Appointment times start at 8am and the latest appointment offered at 5.50pm daily. The practice does not provide the extended hours service.

When the practice is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

Why we carried out this inspection

We undertook a comprehensive inspection of Southglade Medical Practice on 26 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice received an overall inadequate rating including inadequate ratings for providing safe and well led services, and was placed into special measures. The practice was rated as requires improvement for effective services, and good for caring and responsive services. The full comprehensive report following the inspection in September 2017 can be found by selecting the 'all reports' link for Southglade Medical Practice on our website at www.cqc.org.uk.

Detailed findings

Two warning notices were issued to the provider further to identified breaches of regulations for not providing safe care and effective staffing arrangements.

We undertook a focussed follow up inspection of Southglade Medical Practice on 7 February 2018. This

inspection was carried out to review the actions taken by the practice to comply with the content of the warning notices issued following the September 2017 inspection and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 26 September 2017, we rated the practice as inadequate for providing safe services:

- **There was no effective system of ensuring actions required following safety alerts had been taken to protect patients from harm.**
- **Procedures relating to the management of vaccines were not always maintained.**
- **Recruitment checks were not always carried out effectively for staff working with vulnerable people.**

These arrangements had significantly improved when we undertook a follow up inspection on 7 February 2018.

- The practice had taken effective action to comply with the warning notice.
- The practice had a system in place for managing safety alerts, including those received from the Medicines and Healthcare Regulatory Agency (MHRA), which was implemented in September 2017. Alerts were received by a member of the management team, who logged them on a database and forwarded to relevant staff and

recorded actions taken. We saw evidence that the system had been enhanced to record who the alerts had been sent to and what actions had been taken following the alerts. Additionally, MHRA alerts were now sent to all prescribers within the practice team to ensure they were all informed of relevant information.

- We saw that procedures relating to the management of vaccines had been strengthened. Staff recorded daily temperature logs for the vaccine fridges, and recorded reasons for any temperature readings out of the recommended range. Managers reviewed the logs monthly to ensure cold chain procedures had been followed. Additional signage had been put in place to remind staff to take the appropriate actions when managing vaccines.
- Although the practice had not recruited new members of staff since the inspection in September 2017, we reviewed three recruitment files showing steps had been taken to ensure appropriate checks were carried out for staff working with vulnerable people. For example, the recruitment checklists included staff immunisations, including Hepatitis B status, for all relevant clinical staff. DBS checks were undertaken and recorded for all staff, including self declarations signed by staff members relating to their DBS checks.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 26 September 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staffing needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 7 February 2018.

- The practice had taken effective action to comply with the warning notice. They provided assurance that that persons employed in the provision of a regulated activity received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

For example, since our last inspection, there was increased supervision and clinical oversight of clinical staff. There were twice weekly one to one meetings between the advanced nurse practitioner and clinical lead to review recorded clinical consultations. Where consultations had been discussed with another health professional, this was recorded in the patient record to enable the records to be audited. The clinical lead carried out independent audits of the consultations regularly and recorded the audits formally.

Eligible staff had received annual appraisals; some appraisals were in progress at the time of our inspection. These included reviewing the performance of staff and supporting them with their personal development plans. The supervision and management of staff was ongoing until the providers ended their NHS contract on 29 March 2018; after which staff would be transferred to new providers of services at the practice.