

# The Sidings Medical Practice

## Inspection report

Sleaford Road Medical Centre  
Boston West Business Park, Sleaford Road  
Boston  
PE21 8EG  
Tel: 01205362173

Date of inspection visit: 19th October 2023 and 8th  
December 2023  
Date of publication: 27/03/2024

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



# Overall summary

We carried out an announced comprehensive inspection at The Sidings Medical Practice on 19 October and 8 December 2023. Overall, the practice is rated as inadequate.

The ratings for each key question are:

Safe - Inadequate

Effective - Requires Improvement

Caring - Good

Responsive - Requires Improvement

Well-led – Inadequate.

## Why we carried out this inspection

We carried out this inspection in response to concerns shared with CQC. It was a comprehensive inspection which looked at:

- All 5 key questions; Safe, Effective, Caring, Responsive and Well-led.

## 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 and in person.
- 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.
- 2 short site visits.
- Interviews with a representative from the Patient Participation Group

## 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 rated the practice as inadequate for providing a safe service because:

- The practice's systems, practices and processes did not always keep people safe and safeguarded from abuse.
- Assurances staff employed within the practice had been recruited in accordance with regulations had not been met.

# Overall summary

- Care was not always provided in a way that kept patients safe and mitigated the risk of avoidable harm.
- The environment was poorly maintained and not conducive to good infection prevention and control (IPC). IPC audits were not actioned appropriately.
- A system of clinical supervision or peer review was not in place for non-medical prescribers.
- There were gaps in training which the practice deemed mandatory such as safeguarding and infection control.
- Monitoring and recording of the fridge temperatures was not carried out on a daily basis and we saw overstocking of fridges.
- The emergency trolley and grab bag did not have all required medicines and equipment in case of an emergency.
- Fire doors within the practice were wedged open.
- The practice did not have regular discussions with a range of health and social care professionals to support and protect adults and children at risk of harm.
- The practice did not ensure Disclosure and Barring Service (DBS) checks were carried out and recorded in line with regulations.

## **We rated the practice as requires improvement for providing an effective service because:**

- Patients' immediate needs were not always fully assessed, and care and treatment were not always delivered in line with current legislation.
- Patients presenting with symptoms which could indicate serious illness were not always followed up in a timely and appropriate way.
- The practice was not always able to demonstrate that staff had the skills, knowledge, and experience to carry out their roles.
- Published results showed the practice's uptake for cervical screening as of 31 March 2022 was 59.8% (significantly below the 80% coverage target for the national screening programme).
- UK Health Security Agency (UKHSA) published results showed uptake rates for childhood immunisations were below the target of 90% in all of the 5 indicators as of 31 March 2022.
- The practice always was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

## **We rated the practice as good for providing a caring service because:**

- Staff treated patients with kindness, respect, and compassion. Feedback from patients was positive about the way staff treated people.
- Staff helped patients to be involved in decisions about care and treatment / patients were not involved in decisions about care and treatment.
- The practice respected patients' privacy and dignity.

## **We rated the practice as requires improvement for providing a responsive service because:**

- The facilities and premises were not appropriate for the services being delivered.
- Feedback about the practice from the national GP patient survey published in July 2023 was significantly below local and England averages in 1 indicator regarding access to services at the practice.
- Complaints were responded to but there was little evidence to show they were used to improve the quality of care.

## **We rated the practice as inadequate for providing a well-led service because:**

- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice had a clear vision, but it was not supported by a credible strategy to provide high quality sustainable care.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.

# Overall summary

- The practice did not have clear and effective processes for managing risks, issues, and performance.
- The practice did not always act on appropriate and accurate information.
- The practice did not always involve the public, staff, and external partners to sustain high quality and sustainable care.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- 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**:

- Improve their cervical screening and child immunisation uptake which are below the national target.
- Continue to improve their system for patients to be able to access the practice by phone.

Due to the seriousness of the breaches of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014 found at this inspection, we took urgent action and imposed the following conditions on the provider's registration with CQC:

The registered provider must ensure that by 9am on Friday 22 December 2023 they have a protocol and an effective system to review, process and appropriately action all incoming correspondence.

The registered provider must provide by 9am on Friday 22 December 2023 an update to the Care Quality Commission detailing;

- The current number of documents or pieces of correspondence from any source within SystmOne which are still awaiting completion of the workflow due to still needing to be reviewed and or, processed and or actioned.
- The date of the earliest item of correspondence still awaiting completion of workflow within SystmOne.
- The current number of scanned letters which have not been uploaded onto to SystmOne.
- The date of the earliest item of correspondence waiting to be uploaded onto SystmOne.
- e. The total number of ongoing correspondence received by the practice on a daily basis averaged over a week.
- The registered provider must confirm to the Care Quality Commission by the 15 December 2023 that a suitability qualified, competent, skilled, and experienced person is available 5 days a week to provide leadership and oversight of The Sidings Medical Practice and the conditions imposed within this notice.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

# Overall summary

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector, 2nd inspector, regulatory co-ordinator, specialist advisor and National Professional Advisor who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor and who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to The Sidings Medical Practice

The Sidings Medical Practice is located in Boston at:

Sleaford Road Medical Centre

Boston West Business Park

Sleaford Road

Boston

Lincolnshire

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.

The Sidings Medical Practice is part of Omnes Healthcare Ltd and provides primary medical services to the local population within a 5-mile radius of Boston town centre, in Lincolnshire.

The practice also provides services to patients residing in three nursing homes and one hospice in the surrounding area.

The practice is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder, and injury; diagnostic and screening procedures; family planning, maternity and midwifery services and surgical procedures.

The practice is situated within the Lincolnshire Integrated Care Board and delivers General Medical Services (GMS) to a patient population of 16,778. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as Boston Primary Care Network.

The practice offers a range of appointments and services from its site in Boston. Patients can access services at the surgery Monday to Friday between 7am and 6pm. The practice is taking part in the Boston extended access pilot. This is a new service which offers GP appointments outside of core hours, including evenings 18:30 to 20:00, Saturdays 08:30 to 18:30, Sundays 08:30 to 16:00, and bank holidays.

The Sidings Medical Practice is an Armed Forces Veteran friendly accredited GP practice.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is 5 out 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 96.4% White, 1.7% Asian 0.47% Black, 1.15% Mixed, and 0.31% Other.

At the time of our inspection the practice employed a team of male and female GPs. They are supported by a deputy practice manager who is currently acting as an interim practice manager, a team of advanced nurse practitioners and nurse practitioners, clinical pharmacists, healthcare assistants, practices nurses, patient care navigator team, patient services team, secretarial team, and a house keeping team.

This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The provider did not ensure that appropriate standards of cleanliness and hygiene were met across the practice.  The provider did not have effective processes in place to ensure a sufficient range of emergency medicines and equipment were available in line with recommendations.  The provider did not ensure that COVID-19 and flu vaccination fridges were managed in line with recommendations.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider did not ensure that suitable processes were in place to ensure that all staff were qualified, competent, skilled, and experienced persons to ensure provision of a safe service.  The provider did not have established and effective systems and processes to assess monitor and improve the quality and safety of the service.