

Primary Care Today Limited

Inspection report

Muglet Lane
Maltby
Rotherham
S66 7NA
Tel: 01709817902

Date of inspection visit: 23 & 26 November 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		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Inadequate	

Overall summary

We carried out a short-notice announced inspection at Primary Care Today Limited on 23 and 26 November 2021. Overall, the practice is rated as inadequate.

- Safe - inadequate
- Effective – requires improvement
- Caring - good
- Responsive - good
- Well-led - inadequate

Following our previous inspection on 21 February 2019, 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 Primary Care Today Limited on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on information of concern.

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
- 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 short site visit
- Conducting an electronic staff survey

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 this practice as inadequate overall.

We found that:

Overall summary

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Appropriate standards of cleanliness and hygiene were not met.
- Confidential patient information was not managed effectively or securely.
- The practice did not have systems for the appropriate and safe use of medicines, which included emergency medicines.
- The practice did not have a formalised mandatory training programme in place and not all staff had received and completed all mandatory training.
- There was limited monitoring of the outcomes of care and treatment, and the practice was unable to demonstrate consent to care and treatment was obtained in line with legislation and guidance.
- Complaints were not used to improve the quality of care
- The practice's governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice did not have a clear vision or strategy in place and there was little evidence of systems and processes for learning, continuous improvement and innovation.

However:

- Staff treated patients with kindness and compassion, respected their privacy and dignity, and involved them in decisions about their care and treatment.
- People were able to access care and treatment in a timely way.

We found two 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

Although not a breach of regulation, the provider **should**:

- Improve childhood immunisation and cervical screening rates.
- Improve safety netting advice to ensure all patients are provided with instructions on how to seek further help and advice if their condition deteriorates.
- Implement a system to ensure registers of patients who may be vulnerable, at risk or may require additional support are kept updated.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated 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 Primary Care Today Limited

Primary Care Today Limited, also known as Queen's Medical Centre, is located in Maltby at:

- Muglet Lane, Maltby, Rotherham, South Yorkshire, S66 7NA.

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

The practice offers services from the main practice location only.

The practice is situated within the NHS Rotherham Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 1400. This is part of a contract held with NHS England.

The practice is part of the Maltby Wickersley primary care network.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one 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 97.8% White, 1.0% Asian, 0.9% Mixed, 0.2% Black and 0.1% Other.

The age distribution of the practice population roughly mirrors the local and national averages, however there were fewer younger and older people and more working age people registered at the practice compared to national averages.

Clinical cover is provided by a team of one GP, one advanced nurse practitioner (ANP) and one nurse practitioner. The clinical team are supported at the practice by a team of reception and administration staff, with managerial oversight provided by the practice manager.

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. If the GP needs to see a patient face-to-face then the patient is offered an appointment at the practice.

Extended access is provided locally by Connect Healthcare Rotherham CIC, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The practice did not ensure all medicine and safety alerts had been actioned.• Processes to identify, manage and mitigate risks affecting patients, staff and their service were not effective.• The practice did not have effective processes in place to ensure adequate clinical cover was provided at all times. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:</p> <ul style="list-style-type: none">• Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were not clearly documented or recorded within patient notes and did not clearly evidence the decision being discussed with the patient and their family or representatives.

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Not all complaints were resolved in accordance with the provider's policy, and any potential learnings were not always identified or shared.
- The practice did not have clear whistleblowing and speaking up procedures in place.
- There was not a comprehensive quality improvement, continuous improvement or audit programme in place.
- There was not an effective and established process in place to collect, monitor and analyse information and data to improve the practice's performance.

There was additional evidence of poor governance. In particular:

- The practice did not have an established strategy, vision or set of values in place that had been developed in collaboration with staff, patients and stakeholders.
- Governance processes were not effective, and staff were not always clear of their roles and responsibilities.
- There was insufficient managerial oversight that was supported by effective cover arrangements in the event of staff absences, to ensure staff received adequate support.
- The practice did not submit all required statutory notifications in a timely manner.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

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>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• The practice was not cleaned in accordance with its cleaning schedule checklist, which meant key cleaning tasks had not been completed.• Cleaning processes were not adequate as several areas of the practice were visibly dirty, staff were unsure of existing cleaning arrangements, and single-use cleaning items were reused. <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> <ul style="list-style-type: none">• The practice did not have effective processes in place regarding the storage, oversight and management of emergency equipment.• Existing risk assessment processes, which included risk assessments relating to the control of hazardous substances, were not comprehensive or reviewed appropriately.• The practice had not undertaken an appropriate Disclosure and Barring Service (DBS) check for all staff employed and did not have any processes in place to undertake repeat checks. <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p>

Enforcement actions

- There was not a comprehensive and effective mandatory training programme in place to ensure all staff received all required and recommended training as relevant for their role. This included key training in safeguarding, mental health and basic life support.
- Not all staff received regular appraisals and supervision, which was adequately documented and recorded.
- There was no process in place to ensure clinical staff remained professionally registered and had met any clinical revalidation requirements.

There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular:

- The practice did not ensure staff had access to all recommended emergency medicines, and did not conduct a risk assessment to assess the range of emergency medicines that should be held.

There was no proper and safe management of medicines. In particular:

- The practice did not have effective processes in place regarding the storage, oversight and management of emergency medicines.
- The storage and management of blank prescriptions was not effective.
- Several patient group directions (PGDs) were in use, however had not been authorised by an appropriate signatory within the practice.

There was additional evidence that safe care and treatment was not being provided. In particular:

- The practice did not store all equipment in a manner that kept staff and patients safe.
- Confidential patient information was not always stored securely or in line with data protection legislation.
- Several procedures and policies had breached review dates and were stored in several locations, which meant staff could not confidently identify the latest policy or procedure.

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