

Bay Medical Group

Inspection report

Morecambe Health Centre
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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

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 Bay Medical Group on 10 October 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective- requires improvement

Caring - good

Responsive - requires improvement

Well-led - requires improvement

We rated the practice as requires improvement for safe, effective, responsive and well-led care because:

- Systems and processes to ensure care was safe were not always operating effectively, the provider had not always identified all risks and could not always demonstrate how they ensured that all required remedial actions had been taken in a timely way.
- Care and treatment for patients with long-term conditions did not always reflect national guidance and childhood vaccination update remained below national averages despite the range of work the provider was undertaking to improve this.
- People were not able to easily get through to the practice by telephone or access appointments in a timely way and the practice complaints process was not fully effective.
- Governance processes were not consistently effective; staffing pressures were impacting on staff wellbeing and the provider had failed to submit statutory notifications to CQC.

During the inspection process, the practice highlighted efforts they were making to improve outcomes and treatment for their population. Some of these were in development so there was not yet verified evidence or data to show effectiveness of these efforts.

Following our previous inspections in 2015, the practice which later became Bay Medical Group were rated good overall with safe, effective, caring, responsive and well-led key questions rated good. Coastal Medical Practice was rated outstanding for providing responsive services because:

- The practice was using a tele-health system to monitor their patients with long-term conditions and taking part in an initiative offering patient's access to a GP from 8am to 8pm as part of a 'Prime Ministers Funding Initiative'.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. The practice continued to develop innovative ways to respond to the needs of the local population. However, 25% of phone calls to the practice had been abandoned in the previous 12 months. The national GP patient survey showed that only 31% of patients responded positively when asked how easy it was to get through to the practice by telephone and the complaints system was not fully effective.

The practice is therefore now rated requires improvement for providing responsive services.

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

Overall summary

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities including the age of the last rating.

We inspected and rated all 5 key questions: safe, effective, caring, responsive and well-led.

How we carried out the inspection

We carried out some aspects of this inspection remotely by video conferencing and visited all 5 practice sites on 10 October 2023.

Our remote activity 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.
- Reviewing a large range of evidence and documentation from the provider.
- A site visit where we spent time in all 5 branch locations and spoke with GPs, senior leaders, managers, administrative staff and medicines management staff including pharmacists.
- Reviewing surveys completed by Bay Medical Group staff about their work.
- Speaking with 4 members of the Bay Medical Patient Voice Group.
- Reviewing information which patients have shared with CQC.
- Gathering information from partners including Lancashire and South Cumbria Integrated Care Board (ICB).
- Reviewing nationally available data on the practice performance.

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:

- The practice team fully understood the complexities of their practice population and worked innovatively with statutory and voluntary partners to reduce health inequalities in the local area.
- The provider's systems were not always effective and did not always identify or mitigate all risks to staff and patients. These included premises safety, infection prevention and control, recruitment, incidents, accidents and complaints.
- The practice was not able to answer incoming calls from patients in a timely way, particularly the most critical time each morning. However, access to urgent appointments and triage was available throughout the day and monitored by leaders.
- Most patients received effective care and treatment that met their needs, though our searches identified some areas of long-term condition where the provider was not following national guidance.
- Patient records were not always up to date and complete.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

Overall summary

- The provider had developed positive development culture with staff empowered to suggest and trial improvement activity to improve patient outcomes.
- The provider had not reported 4 incidents as notifications to CQC in line with statutory requirements.

There were examples of outstanding practice:

The focus on engaging with partners and community groups to reduce health inequalities and promotion of primary care health through social media was demonstrating incremental improvement for people whose circumstances made them vulnerable. This included:

- Improving engagement with people with learning disabilities and encouraging them to attend the practice. The practice had achieved 95% in the reporting year between 1 April 2022 – 31 March 2023 for providing health checks for patients on the practice learning disability register.
- Working effectively with community groups and external partners to promote cancer screening and increasing uptake of bowel, breast and cervical screening.
- The implementation of enhanced health checks for specific neighbourhoods to address health inequalities which was helping raise awareness, understanding and uptake of national screening, vaccination programmes and health checks.

We found 3 breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that any such action as is necessary and proportionate is taken when any member of staff is no longer fit to carry out their duties.
- Comply with the Care Quality Commission (Registration) Regulations 2009 on statutory notification of incidents.

In addition, the provider **should**:

- Take action to improve management of incoming telephone calls and reduce abandoned calls.

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, supported by 4 inspectors and 2 regulatory coordinators.

The team included a GP specialist professional advisor who completed clinical searches and records reviews without visiting the location. They also spoke with staff using video conferencing facilities.

We reflected the complexity of this primary care at scale provider by holding virtual interviews prior to the inspection and meeting staff and leaders at all 5 sites during our site visit.

Background to Bay Medical Group

Bay Medical Group is located in Morecambe at:

Morecambe Health Centre

Hanover Street

Morecambe

LA4 5LY

The practice has branch surgeries at:

Heysham Primary Care Centre

Middleton Way

Heysham

LA3 2LE

West End Medical Practice

1 Heysham Road

Morecambe

LA3 1DA

York Bridge Surgery

5 James Street

Morecambe

LA4 5TE

Westgate Medical Practice

Braddon Close

Westgate

LA4 4UZ

We visited all 5 sites as part of our inspection. Bay Medical Group rent space for the practice at 2 sites, Heysham Primary Care Centre and Morecambe Health Centre and have arrangements in place for the provision of facilities management services. Bay Medical Group owns the other 3 sites where the provider is responsible for the maintenance of the premises.

The provider is registered with CQC to deliver the Regulated Activities: diagnostic and screening procedures, maternity and midwifery services, family planning and treatment of disease, disorder or injury and surgical procedures. Bay Medical Group delivers these services from all 5 sites.

The practice is situated within the Lancashire and South Cumbria Integrated Care System (ICS) and has a General Medical Services contract with NHS England to deliver primary medical services to a practice population of approximately 54,500 patients.

The practice forms the whole of Bay Primary Care Network (PCN) and is part of the wider Morecambe Bay Collaborative, the GP Federation for Lancashire and South Cumbria. Additionally, Bay Medical Group helped establish an Integrated Care Community (ICC) locally, working with statutory partners to coordinate health and social care services for people with complex health and social care needs.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others. Life expectancy for females is 81.3 years and 77 years for males, which are lower than England averages of 83 years and 79 years respectively.

According to the latest available data, the ethnic make-up of the practice area is 97.5% White, 1% Asian and 1.5% Other. The age distribution of the practice population mirrors the local averages, with more 50 – 90 year olds and less 10 – 49 year olds than the national averages. There are around 500 more female patients registered at the practice compared to males.

The practice delivers care to a small number of refugees housed locally, and around 600 patients who are resident in local care homes, 200 patients with learning disabilities in care homes or supported living environments and has about 650 patients unable to visit the practice for care.

The practice had a large staff team. There was 1 executive practice manager and 25 other managers and team leaders in addition to the clinical and non-clinical teams.

The clinical team comprised of:

- The clinical team comprised of:
- 22 GP partners
- 8 salaried GPs
- 2 physician associates
- 6 nurse advanced clinical practitioners
- 3 trainee nurse advanced clinical practitioners
- 3 paramedic advanced clinical practitioners
- 5 nurse mental health practitioners
- 1 nurse clinical coordinator
- 3 nurse associates
- 2 dieticians
- 11 pharmacists
- 1 trainee nurse associate
- 2 research nurses
- 16 practice nurses (plus one outreach practice nurse)

A team of 23 non-clinical support workers included health care assistants, phlebotomists, a health and wellbeing coach, a care coordinator, pharmacy technicians and social prescribers.

The support team included 109 non-clinical staff members including administrators, patient advisors, domestic, IT and site staff.

Whilst clinical staff and patient advisors work across different sites to meet staffing requirements, each member of staff is part of a site specific team, used to give everyone a sense of belonging and each site team works as a cohesive unit within the wider practice.

The main location and branch sites are all open Monday to Friday 8am to 6.30pm. In addition, the practice provides enhanced access at each site from 7.30am until 8pm one day a week and from 7.30am on Friday mornings at Morecambe Health Centre.

Out of hours services from 8pm to 8am and over the weekend and Bank Holidays are provided by NHS111.

The practice also offers enhanced access every Saturday morning 8am-1pm and remote service on Fridays 6.30-8pm and Saturdays 12pm – 5pm for patients unable to attend during the working week.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had not taken necessary and proportionate action to comply with this regulation.

This was in breach of Regulation 19(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

How the regulation was not being met:

The registered person had not notified the Commission of other incidents which impacted on service users or were reported to the police.

This was in breach of Regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

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:

Requirement notices

- Health and safety and infection prevention and control arrangements were not always effective.
- Recruitment systems did not meet legislative requirements.
- Prescribers did not always fully assess patients to ensure they prescribed high risk medicines safely.

The registered person did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. In particular:

- Patient records were not always accurate and contemporaneous, missing test results and information relating to medicines reviews.
- Patient records did not always reflect the requirements of the Mental Capacity Act.
- Records for people nearing the end of their lives with do not attempt cardiopulmonary resuscitation were not complete and oversight of these records was not in place.

The registered person did not always maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity. In particular:

- Staff records did not include evidence of supervision.

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