

Minehead Medical Centre

Inspection report

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Minehead
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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 responsive to people's needs?	Inspected but not rated	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced focused inspection at Minehead Medical Centre on 2 November 2022. Overall, the practice is rated as requires improvement.

Safe – Requires improvement

Effective – Requires improvement

Well-led – Requires improvement

Following our previous inspection on 3 August 2015, the practice was rated good overall and for all key questions. Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

Caring – Good

Responsive – Good

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Minehead Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities and inspected the following key questions:

- Safe
- Effective
- 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.
- 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

Overall summary

- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- Safeguarding processes were not established or operated effectively.
- Medicine reviews did not always contain necessary information.
- Safety alerts were not always actioned appropriately.
- Processes to ensure staff had received or were up to date with training, were not embedded.
- Not all staff had received an appraisal.
- Staff did not always have access to appropriate support or clinical supervision.
- The overall governance arrangements were not always effective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

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

- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Whilst we found no breaches of regulations, the provider **should**:

- Take action to improve uptake of child immunisations and cervical screening.
- Take steps to embed effective monitoring of blank prescriptions.
- Take steps to ensure fire alarm and Legionella testing are conducted consistently.

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 Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and was supported by another CQC 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. Another CQC inspector supported by conducting video conferencing interviews with staff.

Background to Minehead Medical Centre

Minehead Medical Centre is located at:

Harley House Site

2 Irnham Road

Minehead

TA24 5DL

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

The practice is situated within the Somerset Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 12,500. This is part of a contract held with NHS England.

In 2021 the practice merged with another local practice and following the retirement of a number of their GP workforce, the practice moved to an employee owned trust (EOT) in July 2022. An employee ownership trust holds a permanent or long-term shareholding in a company on trust for the benefit of all the company's employees. An EOT provides indirect employee ownership of a company. The EOT governance consisted of a group of company directors and a board of trustees which held the directors to account.

There is a team of five salaried GPs with a whole time equivalent (WTE) of 2.5. The practice has an acute care team consisting of primary care practitioners and a nursing team consisting of four practice nurses, three healthcare assistants and a phlebotomist. The clinical teams were supported by administration and reception teams. The practice management team consisted of a practice manager, deputy practice manager and HR lead, finance lead, and IT and data lead.

The practice is open between 8.15 am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services can be accessed by calling NHS 111.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The practice was not operating systems and processes effectively to prevent abuse of service users. For example:</p> <ul style="list-style-type: none">• The practice did not have a practice specific child safeguarding policy.• The practice could not demonstrate that all children identified as at risk or of concern had been reviewed to ensure their safety.• Reviews conducted on safeguarding registers had not been formalised.• The practice did not have a formal system to ensure children who were not brought to an appointment were followed up in a timely way.• The practice's safeguarding lead was not always aware of internal procedures.• The practice was unable to demonstrate that information was shared with relevant teams.• Not all staff were up to date with safeguarding training or had received training appropriate to their role and in line with national guidelines. <p>This was in breach of Regulation 13(2) 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• Systems to maintain oversight of practice processes were not always effective.• Systems weren't operated effectively to ensure all patients received routine monitoring and prescribing practice remained appropriate and in line with guidance.

Requirement notices

- There wasn't effective oversight to ensure all risks were formally assessed or that risk assessments conducted appropriately identified areas of concern.
- Practice systems had not ensured patient group directions had been authorised in line with guidance.

This was in breach of Regulation 17(1) 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 HSCA (RA) Regulations 2014 Staffing

The practice had not ensured there were sufficient numbers of suitably qualified staff. For example:

- They did not have enough staff to address the backlog of unfilled documents.
- Staff with additional responsibilities found it difficult to find dedicated time to effectively carry out those roles due to the pressure to meet patient demand.

The practice had not ensured staff had received appropriate support, training, supervision and appraisal to enable them to carry out their duties. For example:

- Not all staff had completed or were up to date with mandatory training.
- The practice had not monitored the competencies of their primary care practitioners or ensured they had access to regular formal clinical supervisions.
- The practice had not monitored the prescribing practices of non-medical prescribers.
- The practice had not ensured their coding and workflow team received appropriate ongoing monitoring to ensure competencies were maintained.
- The practice had not ensured all staff had access to regular appraisals or supervisions.

This was in breach of Regulation 18 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.