

The Groves Medical Centre

Inspection report

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Date of inspection visit: Site visit: 27/10/23, Clinical review day 1: 01/11/23, Interview with staff: 07/11/2023, Clinical review day 2: 17/11/23
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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 responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at The Groves Medical Centre with a site visit on 27 October 2023, interviews with staff on 7 November 2023 and reviews of searches and patient records on 1 November 2023 and 17 November 2023.

Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - requires improvement

Caring - not inspected, rating of good carried forward from previous inspection

Responsive - requires improvement

Well-led - inadequate

After we inspected the practice in May 2015, we rated it as good overall, but as requires improvement for safety, as we found gaps in the systems and processes to manage risk and learn from things that had gone wrong. The practice had addressed the issues by the time we inspected again in June 2016.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Groves 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. We inspected the safe, effective, responsive, and well-led key questions.

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 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:

- There were widespread gaps in safety systems and processes, including those to keep people safe, identify and manage risks, assess, prevent and control the spread of infections and safely use medicines and to learn and improve when things went wrong.
- The overall governance arrangements were ineffective. Practice leaders rolled out new governance structures in early 2023. There was a new Executive Board and 4 governance domains (Finance, People and Workforce planning, Governance and Compliance and Clinical). The governance domains were at different stages of development at the time of the inspection. Although we saw evidence of improvement in some areas, we identified weaknesses in oversight of risk that had not been addressed by the practice's assurance systems and policies that were not implemented effectively.
- Leaders had not, when making changes to the service, identified the risks that needed to be considered or had identified the risks but had failed to establish effective means to manage them
- Some of the safety issues were identified were the same as those we told the practice to address in 2015.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Patients' needs were not always assessed, and care and treatment was not always delivered, in line with current legislation, standards and evidence-based guidance.
- The practice had not fully complied with the Accessible Information Standard.
- Reasonable adjustments were made when patients found it hard to access services. The practice had implemented an online triage system, which did not take into account previously agreed individualised adjustments when suggesting appointments. The practice had considered the risk that patients may not be willing or able to use the new system, and had arrangements in place to allow patients to continue calling or visiting the practice. Staff completing the triage tool had access to information about individualised adjustments. However the impact on patients with adjustments who were able to use the system and felt comfortable doing so was not considered, and information on this was not provided for these patients prior to implementation.
- Complaints were not consistently handled in line with national guidance.
- The practice had made changes to the service, but was not always fully monitoring the impact on the patient experience or the quality of care. The practice had introduced a new phone system and was monitoring the average wait time per week, but was not routinely reviewing the time taken for patients to get through to the practice at different times. Staff in different advanced clinical roles were seeing more patients who would traditionally have been seen by GPs, but there was insufficient oversight to ensure that the quality and safety of care was maintained
- Staff told us that they felt well-supported and enjoyed good opportunities for development. The culture was described as positive, and colleagues as friendly and helpful.

Although the practice leaders told us of plans to improve governance arrangements and showed us evidence of some individual systems that had been improved, ratings are based on evidence at the time of inspection.

We found 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.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- 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.

Overall summary

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 population group, 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.

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 who spoke with staff using video conferencing facilities and undertook a site visit, with a second CQC inspector. 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 The Groves Medical Centre

The Groves Medical Centre is in New Malden and provides care from a purpose-built building at 171 Clarence Avenue, New Malden, Surrey, KT3 3TX.

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 practice is part of a wider network of GP practices which work together to provide better care to patients locally.

The practice has a list size of approximately 17,600 patients.

Information published by Office for Health Improvement and Disparities showed that deprivation within the practice population group is in the second highest decile (9 of 10). The higher the decile, the less deprived the practice population relative to others.

According to the latest available data, the ethnic make-up of the practice area is 67% White, 24% Asian, 4% Mixed, 3% Other and 2% Black.

The age distribution of the practice population largely mirrored the local and national averages, although the practice has slightly fewer older people and slightly more working age people than the average practice in England.

There is a team of 15 GPs. Medical care was also provided by staff in advanced roles, including 6 clinical practitioners such as nurses and paramedics, who had carried out extra training in order to be able to prescribe medicines, and a physician associate. There was a team of pharmacists, a mental health practitioner, a GP assistant, and a social prescriber. There are 7 practice nurses and 4 health care assistants. Support for clinical care was provided by a team of care co-ordinators and clinical coders. There was a reception manager and a team of patient services advisors. A management and practice team supported the service delivery.

The practice is open between 8am to 6.30pm Monday to Friday, until 8pm on Wednesday and 9am – 1pm on Saturday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by a group of local practices, and late evening and weekend appointments are available locally.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• The practice did not have evidence of training for all relevant staff in key subjects, including up-to-date basic life support, child safeguarding, adult safeguarding, consent/mental capacity or infection prevention and control.• There was no consistent and effective system to agree the scope of practice for staff in advanced roles. There was no consistent system to define the scope of practice documents for non-medical prescribers employed directly by the practice.• There was no consistent and effective system to ensure the competence of staff in employed in advanced clinical practice. The example we reviewed did not align with the system described/documented and would not serve as an effective tool to improve performance.• We found examples of staff acting outside of their documented scope of practice, including a learning disability annual review that had been completed by a non-medical staff member who had not received specialist training, which is counter to national guidance.• The practice had no record of appraisal dates for 7 staff who had been in post for more than 12 months. There was no evidence of appraisal on file for one clinical staff member who had been in post since 2019. <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Family planning services

Treatment of disease, disorder or injury

Surgical procedures

Maternity and midwifery services

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider did not have an effective system for identifying, receiving, recording, handling and responding to complaints by service users and other persons, in relation to the carrying on of the regulated activity. In particular:

- The provider did not consistently follow national requirements for responding to complaints. We reviewed 3 complaints which should have received an acknowledgement under national guidance, and found that 2 were not acknowledged.

This was in breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Systems and processes to keep people safe were not clear and consistently implemented.• Systems for identifying and managing risks were ineffective and consequently we saw examples of risks associated with recruitment, training, medicines management, preventing and controlling infections, health and safety, and record keeping that had not been identified or acted upon effectively.• The practice did not have a consistent and effective system to learn and make improvements when things went wrong. <p>This was in breach of Regulation 12(1) 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> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to:</p> <ul style="list-style-type: none">• assess, monitor and improve the quality and safety of the services being provided• assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk• ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user• maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities

This section is primarily information for the provider

Enforcement actions

- maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities
- evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.

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