

# Cradley Surgery

## Inspection report

Bosbury Road  
Cradley  
Nr. Malvern  
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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at Cradley Surgery on 8 March 2019 as part of our inspection programme.

At this inspection we followed up on areas identified for improvement at the previous inspection on 2 October 2014, when all key questions were rated good.

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 good overall.

We rated the practice as **requires improvement** for providing safe services because:

- The practice had systems and processes to keep patients safe, but they were not always effective.
- The practice did not carry out stock reconciliation checks on controlled drugs.
- The key to the controlled drugs cabinet was accessible to all staff.
- Blank computer prescription paper was not kept securely.
- Both refrigerators were overfull, which meant that there was a risk that air could not circulate freely to control the temperature effectively.
- The system for logging, tracking and actioning medicine safety alerts, updates, medical device alerts and patient safety alerts was not robust.
- Risk assessments were not carried out for non-clinical staff who did not have Disclosure and Barring Services checks.
- There was not a formal process for analysing trends in significant events or complaints.

We rated the practice as **good** for providing effective, caring, responsive and well-led services because:

- Patients told us that they were treated with kindness and respect and that clinical staff involved them in decisions about their treatment options.
- Feedback from patients was consistently good in the National GP Patient Survey.

- Patients said that it was easy to make an appointment with a named GP and that they appreciated the continuity of care.
- The practice provided a micro suction (ear wax removal) service.
- There was a medicines delivery service for patients who could not collect their prescriptions from the practice dispensary.
- Patients received effective care and treatment that met their needs.
- The practice had a patient-centred ethos.
- The practice organised and delivered services to meet patients' needs.
- There were no out of date medicines or equipment in the home visit bag.
- The practice did not offer an electronic prescription service, which meant that patients could not have their prescriptions sent electronically to a pharmacy of their choice.
- The Patient Participation Group was no longer active.
- The practice had Veterans' Friendly accreditation.
- The practice was research accredited and encouraged patients to take part in research projects.
- There was evidence of collaborative working with local practices.

The areas where the provider **must** make improvements 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.

(Please see the specific details on action required at the end of this report).

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

- Ensure that non-clinical staff undertake safeguarding training to the level appropriate for their role in accordance with revised guidance issued in January 2019.
- Include a full evacuation as part of the routine fire drill.
- Continue efforts to reactivate the Patient Participation Group.
- Continue to review the decision not to offer an electronic prescription service.

# Overall summary

- Review the method of cross-checking the accuracy of the internal temperature of the dispensary refrigerator in the absence of a second thermometer, in particular during electricity outages.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP  
Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a member of the CQC medicines team.

## Background to Cradley Surgery

Cradley Surgery is a rural practice in Cradley, near Malvern in Worcestershire. The surgery is located in a residential area and is able to provide pharmaceutical services to those patients who live more than one mile (1.6km) from their nearest pharmacy premises. The practice currently dispenses to 95% of their patients.

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.

Cradley Surgery is situated within the Herefordshire Clinical Commissioning Group (CCG) and provides services to 3,325 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There is one female GP (the sole provider) and a male salaried GP. The practice employs a locum GP on a regular basis. The GPs are supported by a practice

manager, a dispensary manager, two practice nurses, a health care assistant and administration and dispensary staff. The practice is part of the East Locality in Herefordshire.

There are higher than average number of patients over the age of 65, in common with the characteristics of the local area, and fewer patients aged under 18 than the national average. The National General Practice Profile states that 98% of the practice population is from a white British background with the remaining 2% of the population originating from black, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 85 years which is slightly above the national average of 83 years.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none"><li>• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular the registered person had not carried out a risk assessment for the medicines delivery service.</li></ul> <p>The provider had failed to ensure the proper and safe management of medicines. In particular</p> <ul style="list-style-type: none"><li>• The provider did not have effective arrangements for the security of computer prescription paper when stored in the practice.</li><li>• The provider did not have an effective system for accounting for controlled drugs.</li><li>• The provider did not have a secure system for storing the key to the controlled drugs cabinet.</li></ul> <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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to</p>

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## Requirement notices

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:

- The registered person did not have an effective system for receiving, actioning and tracking all alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The registered person had not carried out Disclosure and Barring Service (DBS) risk assessments on staff who did not have DBS checks.

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