

# Castletown Medical Centre

## Inspection report

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Castletown  
Sunderland  
SR5 3EX  
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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?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection at Castletown Medical Centre on 24 February and 1 March 2022.

We previously inspected the practice on 8 September 2021. This was an urgent focused inspection which did not include an on-site inspection and therefore ratings from our previous inspection were not been reviewed.

We previously inspected the practice on 11 May 2021. Where the practice was rated overall as inadequate and for;

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Inadequate

Well-led – Inadequate

The full reports for previous inspections can be found by selecting the 'all reports' link for Castletown Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive follow-up of issues identified in the inspection of 11 May 2021 when the practice was placed in special measures.

## 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

## 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 have rated this practice as requires improvement overall**

We rated the practice as requires improvement for providing safe, effective and well led services because:

- At this inspection we saw some positive improvements to systems were in place to assess monitor and manage risks to patient safety. A great deal of work had been done to make these changes.
- Although we saw some improvements in the management of high-risk medications, care plans and medication reviews, we identified further improvements which could be made.
- Since the last inspection the practice had made progress with recruitment of non-clinical staff. However, they had yet to demonstrate these improvements were sustainable. The practice manager was quite new in post, and although interim support arrangements were in place, they were inexperienced in this role and had yet to demonstrate sustainable and effective management of the practice.
- Some patients had not had a structured and comprehensive medication review of their long-term conditions.
- There was no forward plan of clinical audits to make improvements to care and treatment.
- Although we saw a lot of work had been done to try and address issues previously identified, the practice were reactive to the issues we identified in our previous inspection and there was no overall action plan in place to address these issues.
- We remained concerned that changes to quality and sustainability cannot be fully implemented by the management at the practice, due to the high turnover of administrative staff and the lack oversight at the practice.
- Although there was evidence of rudimentary governance and assurance processes in place, these were not effective. We had concerns regarding, the organisation and oversight of records, for example significant events, patient safety alerts, clinical coding, staff vaccinations and recruitment records.
- There was no failsafe systems in place to ensure management of patient's care and treatment.
- Staff had received staff training, and this was recorded appropriately.

We rated the practice as good for providing a caring service because:

- National GP survey results were positive.
- The practice received good feedback from the NHS friends and families test.
- The practice had identified carers at the practice.

We rated the practice as good for providing a responsive service because:

- Patients could access care and treatment in a timely way.
- Complaints were used to improve the quality of care.

The areas where the provider **must** make improvements as they are in breach of regulations 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.

I am taking this service out of special measures. This recognises the improvements that have been made to the quality of care provided by this service

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

# 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 and second 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 Castletown Medical Centre

Castletown Medical Centre provides care and treatment to approximately 2,200 patients of all ages in the City of Sunderland. The practice is part of NHS Sunderland Clinical Commissioning Group and operates on a General Medical Services (GMS) contract. This is part of a contract held with NHS England.

The practice provides service from 6 The Broadway, Castletown, Sunderland, SR5 3EX. We visited this location as part of this inspection.

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

Information published by Public Health England reported deprivation within the practice population group scoring as two, out of ten, the lower the number the more deprived the practice.

The provider is a male GP. At the time of our inspection the following staff were working at the practice:

- Lead GP – full time and a relatively new GP who intended to become a partner in the practice, hours variable,
- Locum practice manager, hours variable as needed,
- Practice manager 27 hours per week and seven hours receptionist
- Practice nurse, 18 hours per week, also working as administrative staff 18 hours per week.
- A pharmacist working eight hours per week,
- Three receptionists working 34, 27 and 16 hours per week, all three had commenced employment at the practice in 2022.
- A practice cleaner.

The practice provides late evening, weekend and bank holiday appointments through the local GP federation of GP practices which they are part of. They work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. Patients can contact the practice reception team to arrange appointments.

## 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice did not always have systems for the appropriate and safe use of medicines</li><li>• Patients' needs were not always being assessed, and care and treatment was not delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.</li></ul> <p>This was in breach of Regulation 12 (2) (a), (b), (g) 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><b>Systems and processes must be established and operated effectively to ensure compliance with the requirements.</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• We found a lack of governance and assurance structures and systems which led to patient safety concerns.</li><li>• Leaders could not demonstrate they had the capacity or a credible strategy to deliver high quality sustainable care.</li></ul> <p>This was in breach of Regulation 17 (1), (2) (a), (b), (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>