

Cater Street Surgery

Inspection report

1 Cater Street
Kempston
Bedford
Bedfordshire
MK42 8DR
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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



Overall summary

We carried out an announced focused inspection of Cater Street Surgery on 29 January 2020. This inspection was undertaken to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation set out in warning notices we issued to the provider for Regulation 12 Safe care and treatment and Regulation 17 Good governance.

The practice received an overall rating of inadequate at our inspection on 13 November 2019 and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the initial report.

The full comprehensive report from the November 2019 inspection can be found by selecting the 'all reports' link for Cater Street Surgery on our website at www.cqc.org.uk.

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

Our judgement of the quality of care at this service is based 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.

This service was placed in special measures in November 2019. Following a further inspection in January 2020, where we found insufficient improvements we took action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. We will now move to close the service by adopting our proposal to cancel the providers registration. The service will be kept under review and if needed could be escalated to urgent enforcement action.

Our Key findings:

- The practice was not compliant with the warning notices issued in November 2019.
- Some improvements to the oversight of safety alerts had been made however, records we checked showed appropriate actions were not being taken.
- Some improvements to the systems to manage patients who were prescribed medicines that required additional monitoring had been introduced however, these were not effective and clinical records we checked showed that not all patients had received appropriate blood testing prior to prescribing.

- The practice had developed a safeguarding register and had met with a health visitor to discuss vulnerable children however, there were no systems in place to discuss vulnerable adults with community teams.
- Some of the backlog of new patient summaries had been cleared however, there was still records from December that had not been completed. The practice could give no assurance that there was not safeguarding information in these records.
- The methods of managing safeguarding correspondence into the practice was lacking.
- A fire risk assessment and legionella risk assessment had been completed and we saw some remedial work had taken place however mitigating actions to reduce the risk of legionella, such as water temperature checks, were not being completed.
- The practice did not hold complete records of staff immunisations and vaccinations.
- There was ineffective recall systems to ensure patients had received reviews and care plans were not consistently being completed.
- Staff had completed training in safeguarding, fire and infection prevention and control however, two members of clinical staff had not completed basic life support training in the last twelve months and one member of staff had not completed equality and diversity training.
- There had been no improvements to increase access to the practice via the telephone or availability of appointments.
- Some assessment of clinical competency had been completed, however this was lacking and there were no plans in place to address problems with staff performance.
- Communication with staff remained poor and some staff told us they felt unsupported. They were unaware of new processes that had been developed.
- There was ineffective governance systems and a lack of a cohesive management team.

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.

Overall summary

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

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

Background to Cater Street Surgery

Cater Street Surgery provides a range of primary medical services from its location at 1 Cater Street, Kempston, Bedford, MK42 8DR. It is part of the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice serves a population of approximately 4,000 patients. The practice population is 78% white British and 14% Asian.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of a lead GP (male) with three part-time regular locum GPs (two male and one female). The practice also employs one female nurse practitioner / prescriber, one female practice nurse and one female healthcare assistant. The health care assistant conducts home visits to patients unable to attend the practice. The team is supported by a practice manager and a team of non-clinical, administrative staff.

The practice operates from a two-storey property, with disabled access to the ground floor. Patient consultations and treatments for patients who have difficulty climbing stairs take place on the ground floor level. There is a small car park outside the surgery, with disabled parking available.

Cater Street surgery is open from 8am to 6.30pm on Monday to Friday and 9am to 11am on alternate Saturdays. The practice is part of an extended access hub offering patients appointments on Saturday mornings and from 6.30pm to 8pm four evenings a week. When the practice is closed, out of hours services can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

The practice provides maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• There was no oversight of safety alerts and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts received by the practice.• The system for checking the monitoring of medicines that required regular review was not safe. Blood results for patients being prescribed medicines that required additional monitoring were not checked prior to prescribing.• The practice did not have adequate safeguarding mechanisms to ensure that patients with safeguarding needs were discussed and their care was coordinated with community teams.• There was a backlog of new patient notes that could have contained safeguarding information.• The systems to follow up vulnerable patients such as those who had not attended appointments, attended secondary care, had urgent referrals to specialist services or not attended for repeat medicines was ineffective.• There was no system in place to ensure care plans and reviews were completed for patients with long-term conditions.• Complete A record of staff immunisations was not held.• This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures

Family planning services

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that were operating 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:

- There was lack of effective clinical oversight and governance.
- There was limited evidence of organisational and clinical quality improvement activity. Quality improvement activity that was undertaken was not shared with staff.
- There was no effective system to liaise regularly with community teams to discuss vulnerable or complex patients.
- The practice's performance in the national GP patient survey was lower than local and national averages. There were no plans in place to address difficulty with accessing the practice via the telephone. There was no evidence that patient feedback was acted on.
- The risk assessment for practice security required strengthening.
- There were gaps in staff training for basic life support.
- Appraisals that had been completed were brief and did not include evidence of development plans or access to training opportunities.
- There was limited oversight of locum training, recruitment checks or practice.
- Staff reported that management teams were not always available, and concerns raised were not always responded to.
- Internal communication systems were lacking, and staff were unaware of practice systems and changes.
- The practice had a disjointed staff and management team.

This section is primarily information for the provider

Enforcement actions

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