

# Gordon Street Surgery

## Inspection report

The Surgery  
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[www.gordonstreetsurgery.co.uk](http://www.gordonstreetsurgery.co.uk)

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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

Inspected but not rated



Are services safe?

Are services well-led?

Inspected but not rated



# Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk considering the Covid-19 pandemic. This was conducted with the consent of the provider.

We obtained the information within in it without visiting the provider.

We previously inspected Gordon Street Surgery on 4 December 2017 and rated it as inadequate. The practice was placed into special measures. We carried out a follow up inspection on 24 July 2018 as part of our inspection programme for services rated as inadequate and placed into special measures to confirm that the practice met the legal requirements in relation to the breaches in regulations that we had identified.

During the July 2018 inspection we found the practice had met the legal requirements but was rated as requires improvement in providing a responsive and well led service and therefore rated as requires improvement overall.

We carried out a full comprehensive inspection on 5 August 2019 as part of inspection programme for practices rated requires improvement. During the August 2019 inspection the practice had met the legal requirements but were still rated as requires improvement overall and requires improvement within the safe and responsive domains.

The full comprehensive reports on the 4 December 2017, 24 July 2018 and August 2019 inspections can be found by selecting the 'all reports' link for Gordon Street Surgery on our website [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out this pilot remote review in response to concerns raised by an external stakeholder about safe and well led domains. During our review we received anonymous concerns from the public about their experiences with the timely issuing of repeat medicines or medicine changes.

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 found that:

- The practice did not have clear systems and processes to keep patients safe.
- Receptionists had not been given guidance on identifying deteriorating or acutely unwell patients. They were not aware of actions to take in respect of symptoms associated with stroke patients.
- The practice did not have adequate assurances for the safe management of patients in shared care arrangements.
- The practice did not learn and make improvements when things went wrong.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- Staff did not know the practice had a vision. The practice vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

# Overall summary

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.

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

- Review the practice infection prevention and control policy and supporting audit process.
- Develop, seek and gather patient views to a larger scale to gain feedback on the responsiveness of the service provided to patients.
- Review the quality improvement arrangements and develop a clear quality improvement plan.

**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>Not inspected</b>	
<b>People with long-term conditions</b>	<b>Not inspected</b>	
<b>Families, children and young people</b>	<b>Not inspected</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Not inspected</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Not inspected</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Not inspected</b>	

## Our inspection team

Our remote review was lead by a Lead CQC inspector and included a GP specialist advisor, and was supported by a team inspector.

## Background to Gordon Street Surgery

Gordon Street Surgery is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England and provides a number of enhanced services to include childhood vaccination and immunisation schemes and joint injections. A GMS contract is a contract between NHS England and general practices for

delivering general medical services and is the commonest form of GP contract. The practice is part of the NHS East Staffordshire Clinical Commissioning Group (CCG).

The practice is located in a purpose-built level access building. The practice has a population of around 10,000 patients and is within the third most deprived decile when compared with both local and national statistics. The practice has slightly more patients aged between 20

and 39 than the England average. This could increase the demand for more flexible appointment times. The practice had a comparable percentage of patients with a long-term condition (LTC) with the local and England average. The percentage of unemployed patients registered at the practice was slightly higher than that of CCG and England averages. These factors could increase demand for health services and impact on the practice.

The practice staffing comprises:

Three GP partners (one of who has not yet completed his registration with us)

Two practice nurses one full time and one part time and one health care assistants.

One interim practice manager.

One administration manager

One reception manager

Reception/ administration staff team

A medical secretary

A live-in caretaker.

A cleaner.

The practice opening hours are 8am until 6pm Monday to Friday. From the hours of 8am and 8.30am, a telephone message advises patients to call the surgery's mobile number in the event of an emergency. The practice provides a walk-in service for one hour in the afternoon.

The practice has opted out of providing an out of hours care provision. Out of hours care is provided by Staffordshire Doctors Urgent Care Limited. Between the hours of 6pm and 8am, patients are advised to call NHS 111.

Following a national government initiative from 1 September 2018 extra appointments are offered across the whole of East Staffordshire, including evening and weekend appointments. The requirement is for practices to provide an additional 30 minutes for every 1,000 patients lper week.

Each appointment will be between 10 and 15 minutes, which means there are four to six

appointments available per hour. Additionally, a new online digital service is available on Sunday mornings where appointments are offered with a GP via the Q Doctor App. All practices across East Staffordshire are participating in this extended access.

Further information

can be found at; [www.eaststaffscg.nhs.uk/your-health/extended-primary-care-services](http://www.eaststaffscg.nhs.uk/your-health/extended-primary-care-services).

Further information about the practice can be found at: [www.gordonstreetsurgery.co.uk](http://www.gordonstreetsurgery.co.uk)

Overall summary

## 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular we found:

- There was no credible strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular
  - In relation to the management of patients receiving shared care.
- The provider policy for significant events did not inform practice and there was a lack of incident reporting to enable staff to report, record and learn from significant events and incidents effectively.
- The provider did not have a policy in place for Information Governance. In particular many policies were out of date and had poor governance management.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for patients whose care was shared and for patients with long term conditions.

This section is primarily information for the provider

## Requirement notices

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

- This was in breach of Regulation 12 (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 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles.
- The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as stroke.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.