

The Spalding GP Surgery

Inspection report

Spalding Road
Pinchbeck
Spalding
PE11 3DT

Tel: 01775652164

www.lincolnshirecommunityhealthservices.nhs.uk/our-services/johnson-gp-centre Date of inspection visit: 30 November 2021
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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?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at The Spalding GP Surgery on 30 November 2021.

Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective – Requires Improvement

Caring - Good

Responsive – Requires Improvement

Well-led – Requires Improvement

The previous provider was rated as inadequate by the Care Quality Commission in April 2018 and placed into special measures. The Lincolnshire Community Health Services Trust (LCHS) acted as a caretaker for the practice for the years 2018 – 2019 and were registered under the LCHS registration. LCHS then applied in September 2019 for registration with the CQC as a GP practice under LCHS and was formally registered to deliver services from 15 October 2019. It was recognised that the practice had worked hard to address previous safe care and treatment issues found at that inspection in 2018.

Why we carried out this inspection

This inspection was a comprehensive inspection as part of our inspection programme. The service formally registered with CQC in 2019 and this was our first inspection of this location.

How we carried out the inspection/review

Throughout the pandemic the 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:

Overall summary

- 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 Requires Improvement overall.

We rated Safe as requires improvement because:

- The practice did not always provide care in a way that kept patients safe or monitored their treatment in line with national guidance.
- There were further improvements required for comprehensive medication reviews completed for patients with long term conditions.
- Significant events were not always acted upon or investigated. Lessons were not always learnt, and actions put in place.

We rated Effective as requires improvement because:

- Do not attempt cardiopulmonary resuscitation (DNACPR) were not always completed in line with national guidance.
- Patients' long-term conditions were not always monitored in line with national guidance.

We rated Responsive as requires improvement because:

- Information on how to complain was not readily available.
- Complaints were not always used as an opportunity to learn and make improvements.
- Information was not available to a complainant about how to take action if they are not satisfied with how the provider manages and/or responds to their complaint.

We rated Well-led as requires improvement because:

- There were not always governance and oversight in areas of the practice such as clinical oversight, health and safety oversight and infection prevention and control.
- The practice had not always identified risks or had assurance that actions had been completed.

We rated Caring as good because:

- Staff treated patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

We found two breaches of regulations. The provider **must:**

- 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.

Whilst we found no other breaches of regulations, the provider **should:**

- Improve uptake rates for cervical screening.
- Improve uptake rates for childhood immunisations.

Overall summary

- Continue to monitor staffing levels at the practice that enough support is made available to reception and administrative staff to manage workloads at the practice.
- Continue to monitor staffing levels at the practice so that enough support is made available to clinical staff to manage workloads at the practice.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook an onsite inspection. The onsite inspection team was led by a CQC lead inspector, and included a CQC Inspection Manager and a second CQC inspector. The team also 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 Spalding GP Surgery

The Spalding GP Surgery is located in Pinchbeck, Spalding at:

The Spalding GP Surgery

Johnson Community Hospital

Spalding Road,

Pinchbeck

PE11 3DT

The previous provider was rated as inadequate by the Care Quality Commission in April 2018 and placed into special measures. The Lincolnshire Community Health Services Trust (LCHS) acted as a caretaker for the practice for the years 2018 – 2019 and were registered under the LCHS registration. LCHS then applied in September 2019 for registration with the CQC as a GP practice under LCHS and was formally registered to deliver services from 1st October 2019.

The service was relocated to the Johnson Community Hospital. The service shares a designated area of the building with the Urgent Treatment Centre. The surgery has full disabled access with automatic front doors, two consultation rooms and a waiting area on the ground floor. There are disabled toilets, baby changing facilities and a separate children's waiting area.

Disabled parking bays are available. There is a hearing loop system for patients who are hard of hearing. Free onsite parking is also available.

The Johnson Community Hospital consists of other services which patients of The Spalding GP Surgery are referred to if required such as blood tests and an X-ray department. Patients are able to be referred to mental health services which is located within the Johnson Hospital premises.

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

The practice is situated within the Lincolnshire Clinical Commissioning Group (CCG) and delivers Alternative Provider Medical Services (APMS) to a patient population of approximately 3155. An APMS contract is a contract between general practices and NHS England for delivering primary care services to the local community.

The practice is part of a Primary Care Network (PCN) which includes The Spalding GP practice, Munro Medical Centre and Beechfield Medical Centre.

Information published by Public Health England shows that deprivation score within the practice population group is eight out of 10. The lower the decile, the more deprived the practice population is relative to others in the area.

According to the latest available data, the ethnic make-up of the practice area is 97% white, 1.1% Mixed, 1.1% Asian, 0.3% Black and 0.1% other. The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of two salaried GPs and two nurses who provide GP appointments and nurse led clinic's for long-term conditions. The GPs are supported by a team of reception and administration staff. The practice manager is based at the main location with frequent visits by the head of operational services including days working on site and being available to all staff remotely. The team also includes an occupational therapist, clinical pharmacist, MSK first care practitioner and physician associate through the PCN.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment.

The opening hours are 8am to 6.30pm Monday to Friday.

Extended access is provided locally by the Primary Care Network (PCN) from 8am – 8pm seven days per week. Further out of hours services are provided by 111.

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 Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The system for recording and investigating significant events was not effective. Safety concerns were not consistently identified or addressed.• Patients taking regular medicines and with long term conditions were not always being monitored in line with national guidance.• There were not effective systems for oversight of premises such as health and safety risk assessments and limited assurance on fire safety and Legionella.• Low staffing had led to a backlog in the summarising of medical records. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Information was not available to a complainant about how to take action if they are not satisfied with how the provider manages and/or responds to their complaint.• Information and guidance about how to complain was not available and accessible to everyone who uses the service. <p>This was in breach of Regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>