

Sydenham Group Practice

Inspection report

215 Hessle Road
Hull
HU3 4BB
Tel:

Date of inspection visit: 6-8 April 2022
Date of publication: 27/05/2022

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 inspection at Sydenham Group Practice on 6-8 April 2022. Overall, the practice is rated as Requires Improvement.

The ratings for the key questions are as follows:

Safe - Requires Improvement

Effective - Requires Improvement

Caring - Good

Responsive - Good

Well-led - Requires Improvement

The full reports for previous inspections can be found by selecting the 'all reports' link for Sydenham Group Practice on our website at www.cqc.org.uk. However, this was a first inspection.

Why we carried out this inspection

This inspection was a comprehensive inspection due to the provider being a new provider. They had not been inspected previously.

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.
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

Overall summary

We have rated this practice as Requires Improvement overall.

We found that:

- leaders did not always have assurance of sustainability and stable systems in place to ensure a full and comprehensive oversight of the practice;
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The practice could not demonstrate they had completed an up to date infection prevention control audit.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- the practice did not have assurance of the overall learning and improvements from reviews of significant events
- staff recruitment documentation was not always fully completed
- There were some gaps in staff training and staff had not received an appraisal

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The provider **should:**

- Continue to monitor and take actions to improve the uptake for childhood immunisations and cervical cancer screening for women at the practice.
- Continue to monitor and take action for patients identified as having potential diabetes on the clinical system.
- Continue to monitor safety alerts in a way that give assurance that alert tasks are acted on.
- Continue to explore ways at implementing formal multi-disciplinary, palliative care and staff team meetings.
- Continue to explore ways of re-establishing the Patient Participation Group.

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. 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. The CQC lead inspector and second CQC inspector conducted a short site visit to review some records, look at the environment and speak with staff.

Background to Sydenham Group Practice

Sydenham Group Practice is located in Hull at:

Sydenham Group Practice

215 Hessle Road

Hull

HU3 4BB

There is parking available at the rear of the practice. The practice is located in a multi-site purpose-built property and has accessible facilities. Consulting and treatment rooms are on the ground and first floor which is accessed by two lifts. The practice provides services under a General Medical Services (GMS) contract with NHS Hull CCG to the practice population of approximately 8,400 people, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is lower than the England average. The practice population in the under 18 years age group is lower than the England average. The practice scored one on the deprivation measurement scale; the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The practice has one GP partner (male), two locum GPs (male), two practice nurses (female), three clinical practitioners (female), two health care assistants (female). There is a full-time practice manager, patient services manager and a team of administration, reception, and secretarial staff. The practice team are also supported by Symphonie PCN that includes seven other practices.

The practice is open between 8am to 6.30pm Monday to Friday. When the practice is closed the patients use NHS111 service to contact the out of hours (OOHs) provider as part of the commissioned service via Hull Clinical Commissioning Group (CCG).

Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet, as part of the automated message on the telephone system and on the practice website.

Due to the enhanced infection prevention and control measures put in place since the COVID-19 pandemic and in line with the national guidance, most GP appointments were telephone consultations. However, appointments continued to be available should the GP need to see a patient face-to-face.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• The systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not always effective. In particular:• The provider could not demonstrate the overall review, management and learning from significant events or complaints made to the practice.• Staff recruitment files were incomplete.• There was no documented strategy for the practice regarding leadership development and succession planning.• There was no system in place to ensure that safety alerts had been acted upon or responded to at practice level.• There was no system in place to check that staff had received vaccinations appropriate to their roles and responsibilities. <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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received</p>

Requirement notices

such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- There were significant gaps in staff training for example fire safety, safeguarding and infection control.
- There was no documented evidence of staff appraisal, competency checks or supervision taking place at the practice.

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.