Great Staughton Surgery

Inspection report

57 The Highway
Great Staughton
St. Neots
PE19 5DA
Tel: 01480860770
www.great-staughton-surgery.co.uk

Date of inspection visit: 11 January 2023
Date of publication: 05/04/2023

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
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Overall summary

We carried out an announced comprehensive at Great Staughton Surgery on 11 January 2023. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Good

Well-led - Inadequate

We previously inspected the location under its previous provider on 13 February 2017, the practice was rated good overall and for all key questions. The practice changed provider and inherited the regulated history and ratings of the predecessor. The new provider registered with the Care Quality Commission (CQC) in June 2019.

The full reports for previous inspections can be found by selecting the 'all reports' link for Great Staughton Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this comprehensive inspection to provide a rating of the location under the new provider and in line with our inspection priorities.

This was a comprehensive inspection and therefore we have reported on all key questions; safe, effective, caring, responsive and well-led .

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Staff questionnaires.

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 found that:

- The practice did not provide care in a way that kept patients safe and protected from avoidable harm.
- Not all patients received effective care and treatment that met their needs. Patients with long-term conditions were not being reviewed effectively, coding was inaccurate and this put patients at risk.
- The practice did not have an effective quality improvement programme.
- The practice did not ensure that all medicines were prescribed safely to all patients. This included some high-risk medicines and controlled drugs.
- Medicine reviews were not always effective or completed in a timely manner.
- Oxygen for use in an emergency had expired and we found that there was a lack of an effective system to check expiry dates of equipment used at the practice.
- Patient safety alerts were not being managed effectively.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice respected patients' privacy and dignity and patient confidentiality was maintained throughout the practice.
- The management and leadership of the practice did not promote the delivery of high-quality, person-centre care.
- The practice did not operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We found two breaches of regulation. 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.

In addition, there were areas the provider could improve and **should**:

- Continue to review and reduce where appropriate, prescribing rates for antibacterial medicines.
- Continue to identify, contact and assess patients who are eligible for NHS health checks.

As a result of the concerns identified we issued a Section 29 warning notice in relation to a breach of Regulation 12 Safe Care and Treatment.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included 2 GP specialist advisors who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Great Staughton Surgery

Great Staughton Surgery is located in St Neots:

57 The Highway

Great Staughton

St Neots

PE19 5DA

Great Staughton Surgery provides a dispensing service on site and this was visited as part of this inspection.

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

The practice is situated within the Cambridgeshire and Peterborough integrated care system area (ICS) and delivers General Medical Services (GMS) to a patient population of 4,549. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices St Neots Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 3rd highest decile (8 of 10). The higher the decile, the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 1% Asian, 96% White, 1% Black, 1% Mixed, and 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 3 GPs who work at the practice. The practice has an advanced nurse practitioner who provides nurse led clinics for long-term conditions and a health care assistant. The GPs are supported at the practice by a team of reception/administration staff. There are 2 practice managers to provide managerial oversight.

The practice is open between 8am to 6pm Monday, Wednesday and Thursday, and 7:30am to 6pm Tuesday and Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by West Cambs Federation, where late evening and weekend appointments are available. Out of hours services are provided by Herts Urgent Care (HUC).

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • Systems and processes in place did not ensure patients were treated safely. The system for monitoring and reviewing the health of patients, safety alerts, safe prescribing, and coding of medical records was not effective. • The practice did not have an effective programme of targeted quality improvement including clinical audit. • The system to manage the summarising of medical records was not effective. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • We found the practice system for managing patient and medicines safety alerts did not ensure medicines were prescribed safely. We found patients who had been affected by alerts had not been appropriately reviewed and the risks not discussed. • The practice did not evidence that all medicines were prescribed safely to patients. • The practice did not evidence a safe system to ensure patients on high-risk medicines were appropriately managed in a timely way. • The practice did not evidence that all patients had a structured and comprehensive medicines review. We identified reviews had been coded on the clinical system but there was no evidence in the clinical records that all medicines were considered. • We reviewed patient consultation records and found discrepancies with the coding of medical records. • The practice did not have a safe policy, system or process in place to ensure that all medical equipment and items available for use were within their expiration date. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.