

Whitecliff Surgery

Inspection report

White Cliff Mill Street
Blandford Forum
DT11 7BH
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www.whitecliffpractice.co.uk

Date of inspection visit: 26 October 2022
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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?	Good	
Are services responsive to people's needs?	Inspected but not rated	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced focused inspection at Whitecliff Surgery on 26 October 2022. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement,

Effective - Good,

Responsive – Inspected, but not rated

Well-led – Requires Improvement.

Following our previous inspection on 20 July 2016, the practice was rated Good overall and for all key questions.

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

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. This included:

- Safe, effective and well-led domains,
- Patient access to the service.

We did not inspect caring and responsive at this inspection and the ratings from the previous inspection carry through.

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.

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.

We found that:

Overall summary

- The practice provided care in a way that kept patients safe and protected them from avoidable harm, however not all aspects of safe care were fully embedded at the time of the inspection.
- There were gaps in safeguarding training with clinicians not being trained to the appropriate levels that were essential to their roles.
- There were shortfalls in the completion of records of staff vaccination for all clinical staff.
- Actions from health and safety and Infection Prevention Control (IPC) audits had not been completed.
- There were gaps in the process to ensure safe and appropriate authorisation for Patient Group Directions (PGD) and/or Patient Specific Directions (PSD).
- The practice was not able to demonstrate the prescribing competence of non-medical prescribers
- Patients received effective care and treatment that met their needs.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed did not always promote the delivery of high-quality, person-centre care.
- The oversight of some systems and processes was not always comprehensive.

We found a breach of Regulation 17 HSCA (RA) Regulations 2014 Good governance. The provider **must:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider also **should:**

- Improve cervical cancer screening uptake to meet the national targets.
- Ensure statutory notifications are submitted to CQC in timely manner as per guidance.

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

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 three other inspectors, two of them who spoke with staff using video conferencing facilities and one who supported the lead inspector on the site visit. The inspection was supported by a GP specialist adviser who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Whitecliff Surgery

Whitecliff Surgery is located in Blandford Forum at:

White Cliff Mill Street

Blandford Forum

Dorset

DT11 7BH

The practice has two branch surgeries at:

Eagle House Surgery

White Cliff Mill Street

Blandford Forum

Dorset

DT11 7DQ

Child Okeford Surgery

Upper Street

Child Okeford

Dorset

DT11 8EF

Both Whitecliff Surgery and Child Okeford Surgery have dispensaries. As part of this inspection, we visited the main location and Eagle House Surgery.

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

The practice offers services from both the main practice and branch surgeries. Patients can access services at either surgery.

The practice is situated within the Dorset Integrated Care System (ICS) and is providing General Medical Services (GMS) to a patient population of about 23,700. This is part of a contract held with NHS England.

The main practice and two branch surgeries create a wider network of GP practices under The Blandford Group Practice.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (seven of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic makeup of the practice area is 97.6% White, 1.3% Asian, 0.8% Mixed and 0.2% Black.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of 14 GPs who provide cover at three sites. The practice has a team of 15 nursing staff who provide nurse-led clinics for long-term conditions of use in both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and business strategic manager are based at the main registered location to provide managerial oversight.

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

Out-of-hours services are provided by the NHS 111.

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 Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Staff training records were not always kept up to date, including safeguarding training to the appropriate level.• Staff vaccination records were not always documented in staff personnel files as per current national guidance.• Infection Prevention and Control (IPC) and health and safety audits were in place, however not all the actions were completed.• There was lack of auditing and monitoring of non-medical prescribing.• Staff did not always have protected time to complete training required to carry out their role, which resulted in gaps in mandatory training.