

# Cornerstone Surgery

## Inspection report

Fingerpost Park HC  
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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?

Inadequate



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We carried out an inspection of this service due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions: safe; effective, responsive and well-led.

Because of the assurance received from our review of information we carried forward the ratings for the following key question: Caring.

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 rated the practice as requires improvement for providing safe services because:**

We found that:

- There was limited evidence of shared learning from significant events.

The practice did not have robust systems in place to keep patients safe.

- Safeguarding policies did not provide staff with the information required to enable staff to deal with all kinds of abuse such as female genital mutilation (FGM) and radicalisation (PREVENT) and the policy in place was not readily available, however, staff had the appropriate level of safeguarding training and access to the safeguarding lead however.

The practice did not have appropriate systems in place for the safe management of medicines, in particular:

- Medicine management systems did not reflect legal requirements.
- Paper prescriptions were not stored securely, and uncollected prescriptions were not dealt with in a timely manner.
- Systems for checking the emergency medicines needed to be tightened and systems to monitor the prescription of high- risk medicines were not robust.

Systems for managing staff needed to be strengthened in particular:

- The practice had not ensured the immunisation status of staff was checked in-line with best practice guidance.
- Training in some key safety topics had not been completed or were not up to date for example, sepsis; fire safety and chaperone training.

However:

- The practice had started to review staffing issues and introduce data management systems to ensure recruitment processes were completed and clinical and professional registration monitored. The practice was also updating the topics for mandatory training and beginning to monitor staff completion.

## **We rated the practice as inadequate for providing effective services because:**

- Some performance data was significantly below local and national averages.
- The practice did not have processes to ensure an appropriate response when data indicated their performance was below the national and local averages in relation to health promotion and health outcome.
- Systems were not in place to provide a failsafe and make sure non-urgent correspondence was dealt with appropriately and in a timely manner.
- Systems to ensure all clinicians had ready access to up-to-date best practice clinical guidance were not in place.

## **We rated the practice as requires improvement for providing responsive services because:**

- Patients did not have ready access to a complaints policy.
- The complaints policy provided inaccurate information.
- The provider did not have oversight of all complaints because informal comments and concerns were not logged.

However

- The practice organised and delivered services to meet patients' needs, patients could access care and treatment in a timely way and the practice had identified areas where there were gaps in provision locally and had taken steps to address them.

## **We rated the practice as requires improvement for providing well-led services because:**

# Overall summary

- The overall governance arrangements were not formalised and comprehensive.
- Clear and effective processes were not in place to provide oversight for a number of systems for example, managing correspondence; data security or monitoring commissioned services.
- While the practice had a clear vision, that vision was not supported by a measurable strategy.
- A comprehensive audit programme was not in place.

## We rated the population groups as follows:

Older people, people with long term conditions; vulnerable people and people with poor mental health as: **requires improvement** and working age people and families and young people as: **inadequate**.

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

- Ensure that care and treatment is provided in a safe way to patients.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to carrying on of the regulated activity.

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

(Please see the specific details on action required at the end of this report).

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

- Take steps to enable an audit of which staff had checked emergency medicines and equipment, ensure emergency medicines are replaced before they go out of date and complete a risk mitigation plan for emergency medicines not available in the emergency medicines kit.
- Ensure all relevant staff have a clear understanding about the systems to manage safety alerts.
- Action should be taken to support regular patient participation group meetings.

**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>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Inadequate</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist advisor.

## Background to Cornerstone Surgery

Cornerstone Surgery is located at Fingerpost Park Health Centre, Atlas Street, St Helens, Merseyside. WA91LN. The practice is in rented premises which are shared with other providers of healthcare services. The practice is part of a wider network of GP practices.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice provides NHS services through a General Medical Services (GMS) contract to 2,591 patients. The practice is part of the St Helens Clinical Commissioning Group (CCG). The practice joined with a local GP Partnership called the Spinney Group in April 2019.

The practice's clinical team is led by the practice principal GP, who provides eight clinical sessions per week; one salaried GP and a regular locum GP. There is also a full-time practice nurse and a part time GP assistant. The practice nurse was new to post following retirement of the previous nurse in July 2019. The new nurse had transferred from secondary care.

There are full and part time administration, reception and data input staff who are led by a full-time practice manager. The practice manager was new in post and had been promoted from within the Practice when the previous manager left.

Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The practice carries out home visits for patients whose health condition prevents them attending the surgery.

Patients can access extended hours operated by the practice whenever they cannot get an appointment at Cornerstone commissioned by the CCG. This service covers evenings and weekends.

Otherwise, patients calling the practice when it is closed are referred to the out-of-hours service provided by St Helens Rota.

The patient profile for the practice scores as average when compared to the local area in each of the population groups.

Information published by Public Health England, rates the level of deprivation within the practice population as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 80 compared to the national average of 83 years.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to ensure the proper and safe management of medicines;</p> <ul style="list-style-type: none"><li>• The provider needed to strengthen arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper, both on delivery, when they were distributed through the practice and long-term storage.</li><li>• The provider did not ensure medicines were always administered in line with the required legal framework namely Patient Specific Directives.</li><li>• The provider had not ensured uncollected prescriptions were reviewed and dealt with in a timely manner.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had failed to establish and operate effectively accessible system for identifying, receiving, recording and handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:</p> <p>No information was in the public areas informing patients about how to raise a complaint.</p>

This section is primarily information for the provider

## Requirement notices

The complaints policy and complaints form did not provide accurate information about escalating a complaint if the complainant was not happy with the outcome of an investigation.

Processes were not in place to capture all concerns raised by patients.

This was a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

#### **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:**

- There was no documented business plan and 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 seeking and managing data and feedback from outside sources.
- The provider did not communicate a robust policy for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents effectively.
- The follow up system to improve quality outcomes for patients was ineffective, for cervical cancer screening and baby immunisations.

This section is primarily information for the provider

## Requirement notices

- The provider did not have effective systems in place provide effective health promotion in particular for mental health patients who consumed alcohol or smoked.
- The governance arrangements were not formalised and comprehensive and there was a lack of oversight for a number of systems such as managing correspondence; data security and the performance of commissioned services; staff training; security of the premises; quality of policies in place and effectiveness of communication processes.
- The practice did not have systems in place to ensure consistent use of available data to identify what actions were needed to bring about improvements.

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