

# Graham Road Surgery

## Inspection report

22 Graham Road  
Weston-super-mare  
BS23 1YA  
Tel: 01934628111  
www.grahamroadsurgery.nhs.uk

Date of inspection visit: 24 June 2022  
Date of publication: 22/08/2022

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?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Graham Road Surgery on 24 June 2022. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement.

Effective - Requires Improvement.

Caring – Requires Improvement.

Responsive – Requires Improvement.

Well-led - Requires Improvement.

Following our previous inspection in August 2021 the practice was rated Requires Improvement overall and for all key questions but providing effective services, which was rated Inadequate.

The full reports for previous inspections can be found by selecting the 'all reports' link for Graham Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was comprehensive to follow up on:

- Key questions inspected
- Breaches of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 17 HSCA (RA) Regulation 2014 Good Governance.

## 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

# Overall summary

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 have rated this practice as Requires Improvement overall**

We found that:

- The practice did not always provided care in a way that kept patients safe and protected them from avoidable harm, for example they did not have health and safety risk assessment in place.
- Patients received effective care and treatment that met their needs, however there were further improvement to be made in relation to the management of long-term conditions and high-risk drugs.
- Staff dealt with 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.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care, however some of the systems and processes needed improving.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Whilst we found no breaches of regulation the provider **should ensure**:

- All staff have mandatory training up to date and there's an effective review of it, including staff being trained to appropriate levels in safeguarding.
- Appropriate risk assessments and audits are in place.
- There's an effective systems for managing summarising of new patients notes and coding and that the backlogs are cleared.
- Patients on high-risk medicines and with long-term conditions have appropriate monitoring and support.
- Child immunisation and cervical cancer screening data is being monitored and steps are being taken to improve uptake.
- Patient feedback is collected and acted on.

**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 and a team inspector who spoke with staff using video conferencing facilities and undertook a site visit. 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.

## Background to Graham Road Surgery

Graham Road Surgery Medical Centre is located in Weston-super-Mare at:

22 Graham Road

Weston-super-Mare

BS23 1YA

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

The practice offers services from both a main practice and a sister site, Horizon Health Centre. Patients are registered at one main location, however, if needed they can access services at either surgery.

The practice is situated within the Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 10,300. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Pier Health Group Limited.

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

According to the latest available data, the ethnic make-up of the practice area is 95.5% White, 2.3% Asian, 1.3% Mixed and 0.7% Black.

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 six GPs who provide cover at both practices. The practice has a team of six [JT1] nurses who provide nurse led clinics for long-term condition. The GPs are supported at the practice by a team of administration staff. The practice manager shared their time over both 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 book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Severnside Integrated Urgent Care Service, where late evening and weekend appointments are available. Out of hours services are provided by NHS 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

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed remained of good character. In particular:

- Not all staff had their full employment checks done.
- Not all clinical staff had their vaccination status recorded and confirmed.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that are operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- There was a lack of oversight of risk assessments and actions required to ensure staff and patients remained safe.
- Staff were unclear of what responsibilities fell to them to ensure appropriate oversight of the service.
- Some of the mandatory training was not up to date for all staff.
- PGDs were not always managed according to the national guidance.
- Some of the patients with long-term conditions and on high-risk drugs have not had their monitoring done routinely.
- There was limited evidence of how learning from complaints was shared with all members of the team.