

Blundell Park Surgery

Inspection report

142-144
Grimsby Road
Cleethorpes
DN35 7DL
Tel: 01472691606
www.blundellparksurgery.nhs.uk

Date of inspection visit: 26 February 2020
Date of publication: 04/06/2020

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?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection of Blundell Park Surgery on 26 February 2020. This inspection was undertaken to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation set out in warning notice we issued to the provider in relation to Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 18 Staffing.

The practice received an overall rating of inadequate at our inspection on 9 July 2019.

The full comprehensive report from the July 2019 inspection can be found by selecting the 'all reports' link for Blundell Park Surgery on our website at www.cqc.org.uk.

Our key findings in July 2019 were as follows:

We found that:

- Care and treatment was not provided in a safe way
- The provider did not have a system to effectively deal with complaints
- Recruitment checks did not comply with Schedule 3 of the Care Quality Commission regulations 2009
- The provider did not have effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- We were not assured that the practice employed sufficient numbers of skilled and experienced staff to deliver safe care and treatment.

At our inspection on 26 February 2020 we found

- The practice had not fully complied with the warning notice we issued but had taken some action needed to comply with the legal requirements.
- Significant events and complaints were standing items on the regular practice meeting agenda to ensure areas of learning and improvement were shared with all staff.
- A system for recording and acting on safety alerts had been implemented.
- We found documented evidence of fire drills and testing having taken place.
- The monitoring and risk assessment of emergency equipment was not adequate.

- Most of the appropriate risk assessments had been undertaken.
- Staff had been trained to identify a deteriorating or acutely unwell patient and on actions to take.
- Safeguarding policies were accessible to all staff and staff had had safeguarding training.
- Training records for staff were maintained and all mandatory training had been completed.
- There was a regular schedule of appraisals or supervision sessions for all staff.
- Patient Group Directions had been signed.

However,

- The practice had not fully responded to concerns identified in relation to staff immunity status for specific infections as not all staff's vaccination status had been risk assessed.
- Blank prescriptions were kept securely however their use was not monitored in line with national guidance.
- The process for monitoring high-risk medicines was not embedded.
- We reviewed systems for managing recruitment and found appropriate pre-employment checks had not been undertaken for all recently recruited staff and not all staff had received a disclosure and barring (DBS) check or a risk assessment as appropriate.
- Policies and procedures essential to good governance (including training, recruitment and occupational health) were in place in the practice but not being fully applied.

As a result, the practice has been rated as requires improvement overall (requires improvement for the provision of safe and effective services; good for the provision of caring and responsive services, inadequate for well-led). The population groups relating to people with long term conditions and working age people have been rated as requires improvement; the population groups relating to older people, vulnerable people, people experiencing poor mental health and families, children and young people have been rated as good.

The practice must:

- Ensure that care and treatment is provided in a safe way.

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of skilled and experienced staff are employed at the practice to deliver safe care and treatment.
- Establish an effective system for responding to and learning from significant events.

This service was placed in special measures in July 2019. Insufficient improvements have been made such that there remains a rating of inadequate for the provision of well-led services. Therefore, the practice will remain in special measures. We will return to the service to review whether necessary improvements have been made at a later date and report on this in due course.

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector who was supported by a second inspector and a GP specialist advisor.

Background to Blundell Park Surgery

Blundell Park Surgery is situated on Grimsby Road, Cleethorpes. They have a Personal Medical Services (PMS) contract. There are 2,580 patients on the practice list and the majority of patients are of white British background.

The practice scored two 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 a greater need for health services.

The practice has one female GP and two part-time locum GPs, one female and one male. There is one advanced nurse practitioner, one practice nurse and a health care assistant. There is a practice manager and a team of receptionists and administration staff.

When the practice is closed, patients are directed to the Out of Hours provider and NHS 111. Information for patients requiring urgent medical attention out of hours is available in the waiting area and on the practice website.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met.</p> <p>Care and treatment to patients was not provided in a safe way</p> <p>In particular</p> <ul style="list-style-type: none">• Blank prescriptions were not kept securely, and their use was not monitored in line with national guidance.• There was no formal process to review and monitor the clinical decision making and prescribing of the advanced nurse practitioner.• The Infection Prevention and Control Lead had not received appropriate training.• There was no log of oxygen cylinder level checks.• We found no system had been set up to check the defibrillator.• Vaccine fridge temperatures were not monitored and recorded every day during the working week.• Appropriate pre-employment checks had not been undertaken for all recently recruited staff and not all staff had received a disclosure and barring (DBS) check or a risk assessment as appropriate.• The practice did not always have effective systems for the appropriate and safe use of medicines, including medicines optimisation.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p>

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

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

The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In particular:

- 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:

- Policies and procedures essential to good governance (including training, recruitment and occupational health) were either not in place in the practice, were not effectively reviewed or consistently followed.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.