

# Blundell Park Surgery

## Inspection report


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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at Blundell Park Surgery on 9 July 2019 as part of our inspection programme.

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 inadequate overall.**

**The practice was rated as inadequate for providing safe, effective and well-led services and requires improvement for responsive and good for caring.**

We found that:

- The practice did not have clear systems and processes to keep patients safe.
- Receptionists had not been given sufficient guidance on identifying deteriorating or acutely unwell patients. They were not aware of actions to take in respect of such patients.
- The practice did not have appropriate systems in place for timely reviews of medicines.
- The practice did not learn and make improvements when things went wrong.
- The arrangements in respect of infection prevention and control needed improving.

**We rated the practice as inadequate for providing safe, effective and well-led services because:**

- The monitoring and risk assessment of emergency equipment was not adequate.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- Information was not acted on in a timely way.

- We saw little evidence of systems and processes for learning, continuous improvement and innovation.
- We found no documented process for the managing of complaints.
- Recently released data from the National GP Patient Survey showed patient satisfaction had deteriorated.

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

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

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

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 population group, 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.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP  
Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Inadequate</b> 
<b>People with long-term conditions</b>	<b>Inadequate</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>Inadequate</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector and included 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 2,718 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 two GPs both female. There is 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	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints  <b>How the regulation was not being met:</b>  The provider did not have a system to effectively receive, record, handle and respond to complaints effectively.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>How the regulation was not being met:</b>  The provider was unable to evidence that recently recruited staff had references, application forms, proof of identity checks, DBS checks or risk assessments as specified by Schedule 3 of the Care Quality Commission Regulations 2009.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

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>Care and treatment to patients was not provided in a safe way</p> <p>In particular</p> <ul style="list-style-type: none"><li>• Safeguarding policies were not accessible to all staff.</li><li>• We found no evidence of safeguarding training form some staff.</li><li>• We found no documented evidence of fire drills or testing having taken place.</li><li>• There was no documented fire risk assessment.</li><li>• There was no defibrillator on site nor paediatric pulse oximeter.</li><li>• Staff had not been trained to identify a deteriorating or acutely unwell patient or on actions to take.</li><li>• We found no documented evidence of process for urgent clinical review of acutely ill patients.</li><li>• Blank prescriptions were not kept securely and their use was not monitored in line with national guidance.</li><li>• Patient Group Directions had not been signed.</li><li>• There was no documented system for recording and acting on safety alerts.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p>

This section is primarily information for the provider

## Enforcement actions

Treatment of disease, disorder or injury

In particular:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.
- Policies and procedures essential to good governance (including training, recruitment, locum staff and occupational health) were either not in place in the practice, were not effectively reviewed or consistently followed.
- There was limited evidence of learning from complaints and significant events.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.

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

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider must ensure that sufficient numbers of skilled and experienced staff are employed at the practice to deliver safe care and treatment.

- The provider could not demonstrate that staff had completed training in areas such as safeguarding adults and children, basic life support, infection prevention and control, chaperone training and information governance.
- There was no regular schedule of appraisals or supervision sessions for all staff.