Block Lane Surgery

Inspection report

158 Block Lane
Chadderton
Oldham
OL9 7SG
Tel: 01616525676

Date of inspection visit: 5 May 2022
Date of publication: 13/06/2022

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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced inspection at Block Lane Surgery on 5 May 2022. Overall, the practice is rated as requires improvement, with the following key question ratings.

Safe - requires improvement

Effective - good

Caring - good

Responsive - requires improvement

Well-led - requires improvement

The practice had been registered with the Care Quality Commission (CQC) as a partnership in March 2022. Prior to this the practice had been registered under a different registered provider.

Why we carried out this inspection

This inspection was a full comprehensive inspection carried out due to the change in registration.

How we carried out the inspection/review

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 interviews using video conferencing
- Sending questionnaires to staff
- 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

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.

Overall summary

We have rated this practice as Requires Improvement overall

We rated the practice **requires Improvement** for providing safe services:

We found that:

- Alerts were not on the records of parents and some siblings of children with safeguarding concerns.
- Personnel documentation was not held for all staff.
- Improvements were required to the significant event process.
- Our clinical record searches found improvement was required around monitoring high risk medicines.
- The protocol for monitoring Disease Modifying Anti-Rheumatic Drugs (DMARDs) and high-risk medicines was not effective. There was no robust recall system to ensure that all patients had regular monitoring.

We rated the practice good for providing effective services:

- Patients received effective care and treatment that met their needs.

We rated the practice good for providing caring services:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the practice requires improvement for providing responsive services:

- The provider did not deal with complaints in accordance with its policy. Complaints were not always appropriately responded to.

We rated the practice requires improvement for providing well-led services:

- Governance structures at the practice were unclear.
- There was no formal agreement in place for two providers working closely together, including sharing staff.
- Most staff told us they had not been involved in developing a vision, values or strategy for the practice.
- There were inaccuracies on the website and some information was outdated.
- Required checks for locum GPs had not taken place.
- There was little evidence that complaints were used to improve the service.
- It was not recorded who was involved in clinical meetings.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Carry out second cycles of their clinical audits.
- Improve their cervical screening data.

Overall summary

- Add alerts to all family members of children on the safeguarding register.

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

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 a GP specialist advisor who spoke with GPs using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Block Lane Surgery

Block Lane Surgery is located at 158 Block Lane, Chadderton, Oldham, OL9 7SG

The provider is registered with CQC to deliver the regulated activities diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Block Lane Surgery is a member of Oldham Clinical Commissioning Group (CCG) and provides services to 5,584 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider registered as a partnership from March 2022. There are four GP partners, two male and two female. One of the female partners did not have clinical sessions at this practice. There is also a female salaried GP and two regular locum GPs. There is a nurse practitioner, two practice nurses, an assistant practitioner and a healthcare assistant. There is a practice manager and reception and administrative staff. There is a business manager, but they are employed by a separate provider.

The practice is in line with the national average of patients' age ranges. The National General Practice Profile states that 57% of the practice population is of white ethnicity, with 38% Asian and 4% black, mixed or other ethnicity. Information published by Public Health England rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, some GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment at the practice.

Extended access is provided locally by IGP Care Ltd, where late evening and weekend appointments are available. Out of hours services are provided by Go to Doc Ltd.

The practice is a training practice for trainee doctors.

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	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to provide care and treatment in a safe way for service users. In particular: • One patient prescribed Leflunomide was overdue the monitoring required as set out in the Standard Operating Procedure (SOP). • One patient prescribed Warfarin had not had an international normalised ratio (INR) result recorded in the previous 56 days although a repeat prescription had been issued. • Four patients prescribed Spironolactone had not had kidney function checks in the previous 6 months, with two of these not being contacted by the practice. • We found potential missed diagnoses of diabetes and chronic kidney disease. • There was no robust recall system in place for patients who did not attend or cancel appointments to discuss significant diagnoses. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:

This section is primarily information for the provider

Requirement notices

- Some staff working at the practice were employed by a different provider and there was no formal arrangement for sharing the staff.
- Required checks were not made for locum GPs.
- Complaints were not dealt with in accordance the provider's policy. Complaints were not always appropriately responded to.
- Significant events were not always discussed according to the significant event policy and evidence of learning was not always kept.
- There were inaccuracies on the website and some information was outdated.
- There was little evidence that complaints were used to improve the service.
- Meeting minutes did not include full information.
- Records reviewed showed that a code had been added to the patient record to show that a medicine review had been completed. However not all medicines had been reviewed and there was no documentation of discussions regarding side effects and compliance.
- There was no process in place to ensure historical Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts were being actioned.
- The provider had a series of Standard Operating Procedures (SOPs) in place but there was no system to ensure they were adhered to.

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