

Gordon Street Surgery

Inspection report

The Surgery
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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?

Inadequate



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 Gordon Street Surgery on 30 June 2021. Overall, the practice is rated as Requires Improvement:

Safe - Inadequate

Effective - Requires Improvement

Caring - Requires Improvement

Responsive - Requires Improvement

Well-led - Requires Improvement

Following our previous desk- top review in March 2021 which was not rated we found a further two breaches of regulations:

Regulation 12 Health and Social Care Act (RA) Regulations 2014 Safe care and Treatment

Regulation 17 HSCA (RA) Regulations 2014 Good governance.

These breaches were in addition to the breach in Regulation 19 12 HSCA (RA) Regulations 2014 Fit and Proper Persons we identified at our last inspection in August 2019.

At our previous full comprehensive inspection in August 2019 we rated the practice as Requires Improvement overall and Requires Improvement for providing safe and responsive services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Gordon Street Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection which included a site visit to follow up on:

Three breaches of regulations and to review the practices progress with the best practice recommendations we made in March 2021.

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:

Overall summary

- 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 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.

We have rated this practice as Requires Improvement overall, with the provision of safe services rated as inadequate, and Requires Improvement for all population groups.

We found that:

Since our desk-top review in March 2021 the practice had:

- Developed clear systems and processes to keep patients safe.
- Receptionists had been given guidance on identifying deteriorating or acutely unwell patients. They had received training in symptoms they should recognise and were aware of actions to take in respect of symptoms associated with stroke patients.
- The practice had improved systems to generate assurances for the safe management of patients in shared care arrangements.
- Had made some improvements towards and had further plans to develop the capacity and skills to deliver high quality, sustainable care.
- Developed a practice vision. Staff we spoke with knew about the vision and the practice was in the process of developing a credible strategy to support their vision.
- Taken steps to make change to its culture and was committed to developing an open and supportive culture.

During this inspection in June 2021 we found:

- The overall governance arrangements remained ineffective, although the practice was developing plans to improve arrangements.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- Cleaning and routine maintenance at the practice had not been carried out as scheduled.
- The practice did not always act on appropriate and accurate information.
- We saw evidence of systems and processes for learning, continuous improvement and innovation.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Patients expressed difficulty in accessing care and treatment in a timely way.
- The practice did not always learn and make improvements when things went wrong. However, they had improved their system to record when things went wrong.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.

Overall summary

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

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

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

- Review and improve how they manage the cleaning and routine maintenance of the practice.
- Continue to develop, seek and gather patient views to a larger scale to gain feedback on the responsiveness of the service provided to patients.
- Review and improve how they identify and record people who have caring responsibilities, including young carers.
- Continue to develop the quality improvement programme with a formalised forward plan.
- Formalise the supervision arrangements for non-medical prescribers and nursing staff.
- Follow best practice for DNACPR orders.

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

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

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 site visit was supported by a CQC team inspector.

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 Gordon Street Surgery

Gordon Street Surgery is registered with the Care Quality Commission (CQC) as a partnership provider for the regulated activities: Treatment of disease, disorder or injury; Surgical procedures;

Diagnostic and screening procedures; Maternity and midwifery services; Family planning.

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice provides a number of enhanced services to include childhood vaccination and immunisation schemes and joint injections. The practice is part of the NHS East Staffordshire Clinical Commissioning Group (CCG).

The practice is located in a purpose-built level access building. The practice has a population of approximately 10,000 patients and is within the third most deprived decile when compared with both local and national statistics. The practice has slightly more patients aged between 20 and 39 than the England average. This could increase the demand for more flexible appointment times. The practice had a comparable percentage of patients with a long-term condition (LTC) with the local and England average. The percentage of unemployed patients registered at the practice was slightly higher than that of CCG and England averages. These factors could increase demand for health services and impact on the practice.

The practice staffing comprises:

Three GP partners (one of who has not yet completed his registration with us)

Two practice nurses one full time and one part time and one health care assistants.

One interim practice manager.

One administration manager.

One reception manager.

Reception/ administration team.

A medical secretary.

A live-in caretaker.

A cleaner.

The practice opening hours are 8am until 6pm Monday to Friday. Between 8am and 8.30am, a telephone message advises patients to call the surgery's mobile number in the event of an emergency.

The practice has opted out of providing an out of hours care provision. Out of hours care is provided by Staffordshire Doctors Urgent Care Limited (SDUC). Between the hours of 6pm and 8am, patients are advised to call NHS 111.

All practices across East Staffordshire are participating in an extended access programme.

Further information can be found at; www.eaststaffscg.nhs.uk/your-health/extended-primary-care-services.

Further information about the practice can be found at: www.gordonstreetsurgery.co.uk

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular:• The provider policy for significant events did not inform practice and there was a lack of incident reporting to enable staff to report, record and learn from significant events and incidents effectively.• The provider did not have an effective policy in place for Information Governance. In particular many policies had been updated with no clear governance or record of staff involvement.• There was no clear route for inclusion of clinical staff in policies which had clinical element.• Annual Patient care reviews or medicine reviews had not been managed and recorded effectively.• The provider had not effectively managed arrangements throughout the Covid 19 pandemic as they had not effectively managed the staff responsible for cleaning and routine maintenance.• There was no performance policy to support the management of staff when improvement in performance was required. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Family planning services	The provider had not obtained all of the information required in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Maternity and midwifery services	There were out of date medical indemnity notices in locum doctors' files.
Surgical procedures	There were missing employment histories in some staff files.
Treatment of disease, disorder or injury	There were missing references for many staff, and their conduct in previous employment had not always been checked.
	There were insufficient checks that staff had the appropriate qualifications skills and experience necessary for the work they performed.
	There were no physical or mental health checks to ensure staff were able to carry out their role.
	This was in breach of Regulation 19 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.