

# Drs M.S. Glasby, R.G. Dall'Ara, C.J. Rigby, R.C. Rigby & M.D. Speight

## Inspection report

High Street  
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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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Inadequate



# Overall summary

We carried out an announced comprehensive inspection at Drs M.S. Glasby, R.G. Dall'Ara, C.J. Rigby, R.C. Rigby & M.D. Speight (known as Woodside Surgery) on 23 October 2019 as part of our inspection programme. The provider registered with the Care Quality Commission on 1 April 2013. In July 2016 we carried out a comprehensive inspection of this location and rated it good overall, good for all key questions and good for all population groups.

On 23 October 2019, we decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions: Safe, Effective and Well led.

Because of the assurance received from our review of information we carried forward the ratings for the following key questions: Caring and Responsive.

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 now rated this practice as inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- Receptionists had not been given 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 the safe management of medicines.
- The practice did not learn and make improvements when things went wrong.

We rated the practice as **requires improvement** for providing effective services because:

- 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.

- Some performance data was below local and national averages.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- 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.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups, so we rated all population groups as **requires improvement**

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

- Ensure that care and treatment is provided in a safe way.
- Safeguard service users from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that statutory notifications are made to CQC, as soon as reasonably practicable to do so.

(Please see the specific details on action required at the end of this report).

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

# Overall summary

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.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist advisor.

## Background to Drs M.S. Glasby, R.G. Dall'Ara, C.J. Rigby, R.C. Rigby & M.D. Speight

Woodside Surgery is located at High Street, Loftus, TS13 4HW. Loftus is a semi-rural small coastal town with a deprivation decile score of two. (On a scale of one to ten, one is the most deprived and ten is the least deprived). The practice is in a modern purpose-built health centre and is based on the ground floor. Parking is available, and the practice is close to a full range of amenities and public transport.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract to 6,471 patients. The practice is part of South Tees Clinical Commissioning Group (CCG) which is made up of 37 general practices.

The clinical team at the practice is led by two male General Practitioners (GPs), who are the partners and one female salaried GP. The GP who is listed as the CQC registered manager and three other partners left the partnership four years ago, however, the relevant forms had not been submitted to notify CQC of the partners leaving the practice as required by the CQC (Registration)

Regulations 2009. In addition to the GPs there is a nurse practitioner and three practice nurses, as well as a healthcare assistant. There is a practice manager and a team of administrators, receptionists and secretaries.

The practice is open between 8am and 6pm from Monday to Friday. Appointments are available between 8.05am - 12pm, and 2pm – 6pm. Extended hours are also provided by the practice team. Appointments with a healthcare assistant are available from 7.30am every weekday morning. On Wednesday's GP appointments are available until 8pm. Early morning GP appointments are available from 7.30am on Thursdays and Fridays, in addition. Standard appointments are ten minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

In addition to the extended hours operated by the practice, the CCG has commissioned an extended hours service, which operates between 6.30pm and 9pm on weeknights and from 8am to 8pm at weekends at four "hub" locations across the CCG area. Patients may book appointments with the service by contacting the practice.

Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website. This is accessed by patients telephoning the NHS111 service.

The patient profile for the practice indicates that 99% of the patient population are white. The locality has a higher than average deprivation level.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not done all that was reasonably practicable to protect service users against the risks associated with ineffectively operated recruitment procedures to ensure that the persons employed meet the conditions set out in Regulation 19.</p> <p><b>Specifically:</b></p> <p>Disclosure and Barring Service checks had not been done for those staff who were chaperoning.</p> <p>Chaperoning training had not been provided to non-clinicians who were undertaking chaperoning.</p> <p>The provider had not sought employment references, to confirm good character.</p> <p>There were no records kept of staff vaccinations.</p> <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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><b>Care and treatment must be provided in a safe way for service users.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have effective systems in place for recording and managing risks in all areas.</p> <p>There were no mechanisms in place to ensure that infection prevention and control measures (including reportable diseases) were adequately carried out.</p> <p>Staff had not been trained to handle specimens.</p> <p>The provider had failed to ensure the proper and safe management of medicines; there was no robust system in place for the monitoring of high-risk medicines or appropriate antibiotic prescribing.</p> <p>The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose: particularly in respect of fire risks and the storage of medical gases.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Enforcement actions

There was a lack of effective safeguarding procedures in place. Urgent safeguarding referrals were not followed up to ensure that correct processes had been adhered in order to keep vulnerable patients kept safe.

This was in breach of Regulation 13 (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 17 HSCA (RA) Regulations 2014 Good governance

#### **How the regulation was not being met:**

There were a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

There was a lack of effective mechanisms to ensure that the learning outcomes from significant events such as serious incidents and complaints were shared with staff.

There were no mechanisms in place to ensure that clinical staff were aware of, and could take appropriate action on, safety alerts

There was no overarching governance in respect of training and development. There was no single leader who had oversight of completed training for clinicians and non-clinicians.

There was no audit plan in place. The provider could not demonstrate sufficient quality improvement activity.

The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis.

The provider did not have a system in place to ensure that key policies and procedures were easily available to all staff. Policies was not embedded or updated properly and did not always support practice.

The follow up system to improve quality outcomes for patients was ineffective, in particular for cervical cancer screening and those patients with COPD and asthma.