

Cater Street Surgery

Inspection report


1 Cater Street
Kempston
Bedford
Bedfordshire
MK42 8DR
Tel: 01234849090
www.caterstreetsurgery.nhs.uk






Date of inspection visit: 13 Nov 2019
Date of publication: 20/01/2020

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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Cater Street Surgery on 13 November 2019 following our annual regulatory review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

At the last inspection in April 2017 we rated the practice as good overall.

Our judgement of the quality of care at this service is based 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.

The practice is rated as inadequate overall.

The practice is rated as inadequate for providing safe services because:

- Not all staff had received the appropriate level of safeguarding for their role.
- Patient safety alerts were not appropriately acted upon and we saw evidence that patients were not receiving evidence-based treatments.
- A fire risk assessment had not been completed. Mitigating actions that had been identified were not being conducted.
- A legionella risk assessment had not been completed.
- The system to manage medicines that required additional monitoring was ineffective and we saw evidence of patients not receiving the appropriate blood tests prior to prescribing.
- Learning from significant events and incidents was poor and not shared with staff.

The practice is rated as inadequate for providing effective services because:

- The practice did not share up-to-date guidance with staff, including locum GPs.
- The system for follow up and recall of patients was ineffective.
- Care plans and reviews had not been completed for those on disease registers or receiving repeat medicines.
- The practice did not liaise with community teams to ensure coordinated care for complex or vulnerable patients.
- There were gaps in staff training.

- The appraisal system was lacking and there was no oversight of clinical practice for both permanent and locum staff. We saw evidence that nursing staff had been asked to work outside of their level of competence.

The practice is rated as requires improvement for providing caring services because:

- The GP national survey results were lower than local and national averages.
- The resources for carers needed updating.

The practice is rated as requires improvement for providing responsive services because:

- The practice was unaware of the Accessible Information Standard and did not provide information in a format that would be appropriate for all patients with a disability.
- Patients told us they found it difficult to make an appointment or access the practice via the telephone.
- There was no evidence that learning was taken from complaints or that complaints were shared with staff. Patients were not given details of how to escalate concerns to the Parliamentary and Health Service Ombudsman.

The practice is rated as inadequate for providing well-led services because:

- The practice had ineffective governance systems in place.
- The practice had not assessed all risks to patient safety or put mitigating actions in place.
- The Whistleblowing policy was ineffective, and staff were unaware of the local Freedom to Speak Up Guardian.
- There was no evidence of innovation or improvement activity.
- There was no succession planning in place.
- There was poor communication with staff and they felt unsupported.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- 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.

Overall summary

- Establish systems to receive and act on complaints.

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.

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

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor and a practice nurse specialist advisor.

Background to Cater Street Surgery

Cater Street Surgery provides a range of primary medical services from its location at 1 Cater Street, Kempston, Bedford, MK42 8DR. It is part of the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice serves a population of approximately 4,000 patients. The practice population is 78% white British and 14% Asian.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of a lead GP (male) with three part-time regular locum GPs (two male and one female). The practice also employs one female nurse practitioner / prescriber, one female practice nurse and one female healthcare assistant. The health care assistant conducts home visits to patients unable to attend the practice. The team is supported by a practice manager and a team of non-clinical, administrative staff.

The practice operates from a two-storey property, with disabled access to the ground floor. Patient consultations and treatments for patients who have difficulty climbing stairs take place on the ground floor level. There is a small car park outside the surgery, with disabled parking available.

Cater Street Surgery is open from 8am to 6.30pm on Monday to Friday and 9am to 11am on alternate Saturdays. The practice is part of an extended access hub offering patients appointments on Saturday mornings and from 6.30pm to 8pm four evenings a week. When the practice is closed, out of hours services can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

The practice provides maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <ul style="list-style-type: none">• There was no evidence that learning was taken from complaints or that complaints were shared with staff.• Patients were not given details of how to escalate concerns to the Parliamentary and Health Service Ombudsman.• This was in breach of Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• There was no oversight of safety alerts and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts received by the practice.• The system for checking the monitoring of medicines that required regular review was not safe. Blood results for patients being prescribed medicines that required additional monitoring were not checked prior to prescribing.• The practice did not have adequate safeguarding mechanisms to ensure that patients with safeguarding needs were discussed and their care was coordinated with community teams.• There was a backlog of new patient notes that could have contained safeguarding information.• The systems to follow up vulnerable patients such as those who had not attended appointments, attended secondary care, had urgent referrals to specialist services or not attended for repeat medicines was ineffective.• There was no system in place to ensure care plans and reviews were completed for patients with long-term conditions.• The practice did not hold any emergency medicines for patients suffering from a seizure. There was no risk assessment in place to support this decision making.• A record of staff immunisations was not held.

This section is primarily information for the provider

Enforcement actions

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk:

- There was lack of effective clinical oversight and governance.
- There was limited evidence of organisational and clinical quality improvement activity. Quality improvement activity that was undertaken was not shared with staff.
- The system to ensure safety of prescription safety was lacking.
- There was no effective system to liaise regularly with community teams to discuss vulnerable or complex patients.
- The practice's performance in the national GP patient survey was lower than local and national averages. There were no plans in place to address difficulty with accessing the practice via the telephone.
- Risk assessments had not been completed for fire, security, home visits or legionella. Some mitigating actions had been identified however these were not consistently carried out.
- There were gaps in staff training records including safeguarding and infection prevention and control.
- All staff had not regularly received appraisals. Appraisals that had been completed were brief and did not include evidence of competency assessment, performance or career development.
- There was limited oversight of locum training, recruitment checks or practice.

This section is primarily information for the provider

Enforcement actions

- Staff reported that management teams were not always available, and concerns raised were not always responded to.
- Internal communication systems were lacking and there were no staff meetings to discuss significant events, complaints or recent clinical guidance. Staff told us they were unaware of the practice vision.
- The practice had a disjoined staff team. Staff told us they felt unsupported and undervalued.

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