

Blake House Surgery

Inspection report

Bowhay Close
Black Torrington
Beaworthy
EX21 5QE
Tel: 01409231628
www.blakehousesurgery.co.uk

Date of inspection visit: 14 February 2022
Date of publication: 27/04/2022

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?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced focused inspection at Blake House Surgery on 14 February 2022. We inspected the provision of Safe, Effective and Well-led services. We did not inspect the provision of Caring and Responsive services during this inspection.

Overall, the practice is rated as Requires Improvement. Safe - Requires Improvement

Effective - Good

Well-led – Requires Improvement

Following our previous inspection on 27 November 2017 the practice was rated Good overall and for all key questions.

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

Why we carried out this inspection

This inspection was a focused inspection incorporating remote searches, interviews of staff and a site visit.

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

- 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 short site visit
- Conducting an interview with a Patient Participation Group Member
- A pre-site visit staff questionnaire

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 Safe and Well-led as requires Improvement because we found:

- Some staff recruitment records were incomplete, and some pre-employment checks had not been undertaken.
- The provider did not have clear safeguarding systems in place to keep patients safe. Not all staff were up to date with the appropriate level of safeguarding training for their role.
- Systems and processes to support fire safety had not been implemented effectively as the provider had not carried out regular fire alarm testing.
- The practice did not have clear and effective governance processes and systems in place.
- Staffing at Blake House Surgery was vulnerable due to the staff shortages and recruitment difficulties.
- There was no documented development or succession plan for the practice

We have rated the practice as Good for providing Effective services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The practice reviewed all patients on long term antibiotic treatment and recalled these patients for further assessment and changes to treatment were made where clinically appropriate.

We found 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.
- Ensure persons employed by the service receive appropriate training, professional development, and supervision to enable them to carry out the duties they are employed to perform.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The area where the provider **should make improvements**:

- The practice should improve the uptake of cervical screening.
- The practice should ensure all reception staff have completed sepsis training.

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

We carried out an announced focused inspection at Blake House Surgery on 14 February 2022. We inspected the provision of Safe, Effective and Well-led services. We did not inspect the provision of Caring and Responsive services during this inspection.

Overall, the practice is rated as Requires Improvement. Safe - Requires Improvement

Effective - Good

Overall summary

Well-led – Requires Improvement

Following our previous inspection on 27 November 2017 the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Blake House Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection incorporating remote searches, interviews of staff and a site visit.

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

- 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 short site visit
- Conducting an interview with a Patient Participation Group Member
- A pre-site visit staff questionnaire

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. We rated Safe and Well-led as requires Improvement because we found:

- Some staff recruitment records were incomplete, and some pre-employment checks had not been undertaken.
- The provider did not have clear safeguarding systems in place to keep patients safe. Not all staff were up to date with the appropriate level of safeguarding training for their role.
- Systems and processes to support fire safety had not been implemented effectively as the provider had not carried out regular fire alarm testing.
- The practice did not have clear and effective governance processes and systems in place.

Overall summary

- Staffing at Blake House Surgery was vulnerable due to the staff shortages and recruitment difficulties.
- There was no documented development or succession plan for the practice

We have rated the practice as Good for providing Effective services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The practice reviewed all patients on long term antibiotic treatment and recalled these patients for further assessment and changes to treatment were made where clinically appropriate.

We found 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.
- Ensure persons employed by the service receive appropriate training, professional development, and supervision to enable them to carry out the duties they are employed to perform.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The area where the provider **should make improvements:**

- The practice should improve the uptake of cervical screening.
- The practice should ensure all reception staff have completed sepsis training.

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, two other CQC Inspectors and a CQC Pharmacist Specialist. Who spoke with staff using video conferencing facilities and undertook a site visit. 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 Blake House Surgery

Blake House Surgery is located in the village of Black Torrington, Beaworthy at:

Bowhay Close

Black Torrington

Beaworthy

Devon

EX21 5QE

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

The practice is situated within the Devon Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 3059 and is a dispensing practice. This is a contract between general practices and NHS England for delivering services to the local community. The practice has had an increase of over 600 patients since our last inspection in November 2017.

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (five of 10). The lower the decile, the more deprived the practice population is relative to others.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of two GPs at the practice comprising of one partner and one salaried GP. The practice team also consisted of three regular locum GPs, a practice nurse, a healthcare assistant and three dispensing staff. The clinical team are supported by a management team, reception and administration staff.

Patients using the service also have access to community staff including district nurses, a physiotherapist, a clinical pharmacist, and a social prescriber.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments have been via telephone consultations. If a clinician decides a patient requires a face to face appointment or a patient prefers a face to face appointment, then an appointment is made.

The practice is open between 8 am and 6.30 pm Monday to Friday. Extended hours appointments are offered on Saturday mornings between 9 am and 12.30 pm once a month.

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 Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 Health and Social Care Act (Regulated Activities) Regulations 2014 - Staffing</p> <p>Persons employed by the service provider must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider could not evidence that it had an ongoing learning and development plan for staff.• Not all staff were up to date with adult and child safeguarding training. <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 - Safe care and treatment.</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p>

Requirement notices

- Systems and processes to support fire safety had not been implemented effectively as the provider had not carried out regular fire alarm testing.
- Effective arrangements were not in place to manage infection prevention and control training as there were some clinical staff identified as out of date for the training.
- The practice did not have an effective system in place to monitor the outcome of infection prevention and control audits at the monthly practice meetings.
- The practice had not ensured that the risks related to the COVID-19 pandemic have been taken into account and included in the infection, prevention and control policies and procedures.

The provider did not ensure the proper and safe management of medicines. In particular:

- The practice should ensure that keys for the controlled drugs cupboard are kept secure and separately.
- The practice did not have a risk assessment in place for the medicines that are held on the emergency trolley.
- The practice did not have an effective system in place for monitoring fridge temperatures.
- The practice did not have an effective system for recording the cold chain for vaccines entering the premises to being refrigerated.
- The practice did not have effective arrangements in place for the authorisation of Patient Group Directives.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury
Surgical procedures
Maternity and midwifery services

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014 - Good Governance

Requirement notices

Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met:

- The practice did not have up to date policies and procedures for some areas of governance. Not all policies and procedures were reviewed on a regular basis.
- The provider did not have systems and processes in place to effectively assess, monitor and mitigate the risks within the service. In particular, the provider did not have a risk register, action plan or succession plan in place to record the management or mitigation of risks.
- The provider did not have effective oversight of complaints or significant events. There was limited evidence of what actions were taken to support learning and service improvements as a result of complaints and significant events investigations.
- The practice had not obtained information as required under Schedule 3 of the Health and Social Care Act 2008 for Locum GPs employed at the practice.

This was in breach of Regulation 17(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.