

Graham Road Surgery

Inspection report

22 Graham Road
Weston-super-mare
BS23 1YA
Tel: 01934628111
www.grahamroadsurgery.nhs.uk

Date of inspection visit: 20 September 2023
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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced inspection on 20 September 2023. This inspection was conducted to follow up on Warning Notices issued on 9 June 2023. The practice was inspected, but not rated, which means we carried on the rating from the last inspection in May 2023. Overall, this practice is rated inadequate and is in special measures.

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

Why we carried out this inspection

We carried out an announced comprehensive inspection at Graham Road Surgery on 18 May 2023. Overall, the practice was rated as inadequate, and the practice was placed into a Special Measures. We found breaches of Regulation 12 and Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued Warning Notices. As a result of our previous inspection on 18 May 2023, the practice was rated inadequate for the safe and well-led key questions and requires improvement for effective, caring and responsive.

We carried out this inspection on 20 September 2023 to follow up breaches of regulation from a previous inspection that resulted in Warning Notices being issued on 9 June 2023, in line with our inspection priorities. This report covers findings in relation to those requirements and was not rated.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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.

We found that:

- The practice had taken action to implement improvements to address breaches in regulations previously identified in warning notices.
- There was improved oversight to ensure processes were operating effectively. However, some systems were still being embedded within the practice.

Overall summary

- Improvements had been made to address the previous breaches in regulation. However, there were some aspects of safety and governance that required further improvement and embedding.
- The practice was able to demonstrate improvements in the way individual care records were managed. However, further improvements were required in relation to the management of patients with diabetes, medicine reviews and actions relating to safety alerts.
- The practice had taken action to ensure medicines were appropriately authorised before being administered by staff.
- Staff had received training in relation to appointment access, including identifying concerns that needed escalating to GPs.
- The practice had taken action to manage backlogs of activity in relation to correspondence received into the practice, coding and appropriate follow up. However, incoming routine correspondence to be coded was taking 2 to 3 weeks to be processed and we saw an example of correspondence that should have been acted on more quickly.
- There were clear processes for identifying and addressing when things went wrong, including sharing learning with staff to ensure improvements.
- Non-medical prescribers received supervision and monitoring of their prescribing practice.
- There were improvements to the way 2-week-wait referrals were monitored.
- The practice were up to date in summarising patient's care records.

We found breaches of Regulation 12 Safe care and treatment and Regulation 17 Good governance. 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.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health 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 staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Graham Road Surgery

Graham Road Surgery is located in Weston-super-Mare at:

22 Graham Road

Weston-Super-Mare

BS23 1YA

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

The practice is situated in the Bristol, North Somerset, and South Gloucestershire Integrated Care Board (ICB) and delivers Personal Medical Services (PMS) to a patient population of about 10,150. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Pier Health Group Limited.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 95% White, 2% Asian, 1% Black, 1% Mixed.

There is a team of 3 GPs who provide services at the practice and other practices in the provider's wider network. They are supported by a team of advanced nurse practitioners, practice nurses, a prescribing paramedic and remote GPs. A team of administration staff is supporting the clinical team. The practice manager shares their time with Graham Road Surgery and a sister site, Horizon Health Centre.

The practice is open between 8 am to 6:30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Severnside Integrated Urgent Care Service, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.

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

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Medicine reviews did not always contain the necessary information.
- Patients with diabetes were not always followed up following test results that indicated poor control of their condition.
- Safety alerts were not always acted on and patients were prescribed medicines that were subject to an alert and required review.

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

- Processes to ensure patients at risk of harm receive a timely review of their care and treatment by an appropriate person were not sufficiently embedded to ensure improved patient outcomes.
- The system for receiving and acting on safety alerts was not comprehensive and did not include all relevant alerts.