

Dalton Terrace Surgery

Inspection report

Glentworth
Dalton Terrace
York
YO24 4DB
Tel: 01904658542
www.daltonterracesurgery.nhs.uk

Date of inspection visit: 10 November 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

Requires Improvement



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive at Dalton Terrace Surgery from 6th to 10th November 2023. Overall, the practice is rated as requires improvement.

Safe - inadequate

Effective - requires improvement

Caring - good

Responsive - good

Well-led - requires improvement

During the inspection process, the practice highlighted efforts they were making in response to the findings from our clinical searches to improve outcomes and treatment for their population. These actions and plans had only recently been implemented so there was no verified evidence to show improvement in processes and impact on patients. As such, the ratings for this inspection were not impacted.

Following our previous inspection in 2015, 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 Dalton Terrace Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. We reviewed all five key questions.

- Safe
- Effective
- Caring
- Responsive
- Well led

How we carried out the inspection/review

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 site visit.
- Gathering feedback from other organisations.

Overall summary

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 did not always provide care in a way that kept patients safe and protected from avoidable harm. There were inadequate systems to assess, monitor and manage risks to patient safety. Systems were not embedded to keep people safe and safeguarded from abuse.
- Patients did not always receive effective care and treatment that met their needs. The practice did not always routinely review the effectiveness and appropriateness of the care it provided. The practice was not able to consistently demonstrate that staff had the skills, knowledge, and experience to carry out their roles.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The practice had a culture which aimed to deliver high quality sustainable care.
- The overall governance arrangements within the practice were ineffective, resulting in the concerns identified during the CQC inspection.

We found 2 breaches of regulation. 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 along with a second inspector. A GP specialist advisor spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dalton Terrace Surgery

Dalton Terrace Surgery is located in York City at:

Glentworth
Dalton Terrace
York
YO24 4DB

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

The practice is situated within the Humber and North Yorkshire Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 9,500. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices. There are 3 GP practices that collectively make up the York City Centre Primary Care Network.

- Dalton Terrace Surgery
- Jorvik Gillygate Practice
- Unity Health

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the ninth lowest decile (9 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 mainly white.

There is a team of 8 GP partners, 3 salaried GPs and 2 GP registrars. The practice has a team of 3 nurses and a health care assistant and a phlebotomist. There are a range of other staff employed by the PCN who work for the practice. These include first contact physio, care co-ordinators, clinical pharmacists, mental health worker and social prescriber. The GPs are supported at the practice by a team of reception/administration staff. There is a practice manager and assistant practice manager.

The practice is open between 8am to 6pm Monday to Friday and Wednesdays 6.30pm to 9pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Vocare is contracted to provide GP cover 6pm to 6.30pm weekdays. Out of Hours 111 cover the period 6.30pm – 8am weekdays and weekends.

As part of the NHS's Improving Access to Primary Care Services patients can access an appointment outside of normal practice hours on a Friday 6.30pm – 8pm and on a Saturday 9am – 12pm and 1pm – 5pm. These appointments are available to Dalton Terrace Surgery patients as they are part of York City Centre PCN. Appointments are available on a five-week rotation at Dalton Terrace Surgery and at other times at Unity Health and Jorvik Gillygate Practice.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	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:
Maternity and midwifery services	The provider had failed to ensure that clear systems, practices and processes were in place to keep people safe and safeguarded from abuse.
Treatment of disease, disorder or injury	The provider had failed to ensure that staff had completed fire safety training.
Surgical procedures	The provider had failed to ensure that staff were suitably trained in emergency procedures. Emergency equipment and medicine checks were not always carried out.
	A record of staff vaccination was not maintained in line with current UK Health and Security Agency (UKHSA) guidance.
	The provider had failed to ensure staff responsible for infection, prevention and control (IPC) were suitably trained for the role.
	The provider had failed to ensure the timely management of diagnostic tests and correspondence.
	The provider had failed to ensure the management of patient medicines. In particular, safe storage and management of blank stationery, patient group direction authorisation, lack of recall for patients prescribed certain medicines, out-of-date emergency medicines, controlled drug management and vaccine cold chain storage.

Requirement notices

The provider had failed to ensure that significant events and complaints were managed in a consistent and effective way to demonstrate thorough investigation, monitoring and action taken to prevent further occurrence. Wider sharing of learning within the practice was lacking.

The provider had failed to ensure safety alerts were always acted on.

The provider had failed to ensure patients with asthma were appropriately managed.

Patient records were not always managed in line with current guidance by maintaining an accurate, complete and contemporaneous record in respect of patient's records.

The provider failed to ensure the appropriate management of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.

The provider failed to ensure staff had the skills, knowledge and experience to carry out their roles. Competency assessments, supervision and appraisals were not always taking place and or documented for the relevant staff.

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality and safety of care provided in the carrying on of the regulated activities.

Policies were not in place where required. When in place, policies were not always followed. A system for ensuring the appropriate and timely review of policies and procedures was not in place.

Requirement notices

The provider failed to ensure systems were operating effectively in respect of medicines management.

The provider failed to ensure systems were operating effectively in respect of significant event management. There was insufficient evidence that when significant events and complaints occurred, action plans were identified and monitored to prevent reoccurrence. Wider learning was not always evident.

The provider failed to establish system to ensure staff had completed required training.

The provider failed to ensure systems were operating effectively in respect of managing information received into the practice and appropriate action taken in a timely way to mitigate risk to patient safety.

The provider failed to ensure systems were operating effectively to ensure the maintenance of an accurate, complete and contemporaneous record in respect of patient's records.

The provider failed to ensure paper records were stored securely to meet the requirements of the Data Protection Act 1998. Controlled stationery was not safely managed.

The provider failed to ensure overall governance arrangements within the practice were effective.

The provider failed to ensure systems were in place to hold each other to account.

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