

# Risedale Surgery

## Inspection report

Alfred Barrow Health Centre  
Duke Street  
Barrow In Furness  
LA14 2LB  
Tel: 01229402999

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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?

Requires Improvement 

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 inspection at Risedale Surgery on 19 & 21 April 2022. Overall, the practice is rated as requires improvement. We inspected;

Safe - Requires Improvement

Effective - Requires Improvement

Caring – Good

Responsive – Good

Well-led - Requires Improvement

The previous provider of this service was inspected on 7 June 2016 and was rated good overall and for all key questions. A new provider was registered in January 2020 and the previous report and provider profile was archived in November 2019.

## Why we carried out this inspection

This inspection was a full comprehensive inspection to give a rating to the new provider of the service.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Lancashire and South Cumbria. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

## 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 included:

- Conducting staff interviews using video conferencing and face to face
- 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 and reviewing evidence from the provider
- A 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 have rated this practice as Requires Improvement overall

# Overall summary

We found that:

- Although we found that most clinical areas of service were delivered safely and there was no evidence of harm to patients, we found that systems and processes in place to manage risk within the practice were not working effectively or as intended. We identified a number of areas where risk was not appropriately managed including in relation to DBS checks as part of safe recruitment procedures, medicines management and training.
- The practice was unable to demonstrate that any actions had been taken to address the lower than average cervical and breast screening uptake. Furthermore, no evidence of internal clinical quality improvement activity was presented when requested and staffing arrangements at the practice were ineffective.
- Patient feedback was in line with local and national averages and staff we spoke with worked hard to maintain a kindly and dignified environment for patients that was person centred.
- Patient feedback in relation to access to care and treatment on the GP patient survey was generally in line with local and national averages. Complaints had been received by the practice and acted upon, but the complaints procedure was not readily available or accessible to people.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic and continued to follow government guidance to mitigate the risk of this virus.
- Governance arrangements in place were ineffective, unclear and had failed to support the practice to deliver the highest quality services practicable. We found some policies had not been reviewed, or were missing, whilst others bore limited resemblance to the implementation.

We found that two regulations were breached. 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.

The provider **should:**

- Implement a strategy to increase uptake of cervical and breast cancer screening uptake to expected targets.
- Evaluate staff awareness around appointments to ensure that patients are seen by the most appropriate professional at the right time.
- Complete required documentation for sharps boxes when commenced.
- Review psychotropic prescribing to ensure patients are taking this medicine appropriately
- Re-establish a patient participation group.
- Demonstrate that information enabling patients to make complaints is prominently displayed.

**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 who undertook a site visit and spoke with staff face to face and with video conferencing facilities. The team included a GP specialist advisor who completed clinical searches and records reviews without visiting the location.

## Background to Risedale Surgery

Risedale Surgery is situated on Duke Street in Barrow-in-Furness serving a mainly urban population.

The building is a purpose-built health centre (Alfred Barrow Health Centre) which consists of two floors and all patient facilities are located on the ground floor. The practice provides level access for patients to the building with disabled facilities available and part of the reception desk has been lowered to facilitate wheelchair access.

There is limited car parking provided for patients at the surgery and the practice is close to public transport.

The practice is part of the NHS Morecambe Bay Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS) with NHS England.

The provider is a partnership of two female GPs supported by a male salaried GP who provides telephone triage assistance; The GP partners are further assisted by an Advanced Nursing Practitioner (ANP) and a trainee ANP, three practice nurses, a nursing associate and three healthcare assistants (HCAs). The rest of the team consists of two practice managers and four additional administrative and reception staff. The practice also employs a clinical pharmacist and is able to use the services of a number of other healthcare professionals that are employed by the PCN and local Clinical Commissioning Group for additional support.

The practice is open from Monday to Friday from 8am to 6.30pm and extended hours are offered on some Saturdays mornings for pre-booked appointments, but times are variable, and patients must call the practice to obtain the details. Appointments are offered throughout that period at 15-minute intervals.

When the practice is closed, patients are able to access out of hours services offered locally by contacting NHS 111.

The practice provides services to 6500 patients. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Life expectancy for females is 80.9 years and 77 years for males, which is lower than the national average of 81.65 years overall.

The practice patient population is 99% white and 1% Asian.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <ul style="list-style-type: none"><li>• The practice was unable to demonstrate that clinical or non-clinical staff had completed all of the training classified as mandatory training by the provider in the last two years.</li><li>• Patient Group Directions (PGDs) were not completed appropriately. We found that out of 26 we reviewed, 20 were out of date and none of the 26 had been signed by an authorising prescriber.</li><li>• The practice was unable to demonstrate any formal system of oversight or supervision for prescribers (including Advanced Nursing Practitioners (ANPs) and clinical pharmacist).</li><li>• The system to identify, investigate and review significant events was ineffective.</li><li>• Communication systems were ineffective.</li><li>• The practice was unable to provide evidence of clinical audit, or other structured quality improvement activity.</li><li>• Systems to ensure DNACPR records were up to date and remained appropriate were not in place.</li><li>• A system to review policies to ensure they were up to date and reflected activities undertaken was not in place.</li></ul> <p>There was additional evidence of poor governance. In particular;</p> <ul style="list-style-type: none"><li>• A freedom to speak up (FTSU) guardian was not in place to ensure that all FTSU principles were observed.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

# Requirement notices

## 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

The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.

- Clinical staff safeguarding training was not at the correct level and had not been updated for some staff members.
- DBS checks were not in place as required for clinicians and risk assessments were not in place for non-clinical staff
- Emergency medicines were not kept securely. The range of emergency medicines available was insufficient to respond to some medical emergencies. A risk assessment to mitigate the risk of these missing medicines was not in place.
- Cold chain was not maintained appropriately.
- Medicines safety alerts were not always responded to and patients were left uninformed.

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