

# St Thomas Road Surgery

## Inspection report

207 St Thomas Road  
Derby  
Derbyshire  
DE23 8RJ  
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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

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 inspection at St Thomas Road on 6 February 2020 and 13 February 2020 following our annual review of information available to us. This was a comprehensive inspection which looked at all key questions.

The previous inspection took place in December 2018 and the report can be found on our website at . The practice was previously rated as good overall.

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 **Inadequate** overall.

We rated the practice as **Inadequate** for providing safe services because:

- Systems, process and practices were not reliable at keeping people safe and were not monitored.
- Staff did not have the information they needed to deliver safe care and treatment.
- Risks were not always identified and acted on to prevent patients from harm.
- There was a lack of clinical oversight for prescribers within the practice

We rated the practice as **Inadequate** for providing effective services because:

- Staff did not receive adequate supervision or support to enable them to deliver good quality care.
- There was limited monitoring of people's outcomes of care and treatment.
- Childhood immunisations and cancer screening performance were below average with limited evidence of any work completed by the practice to improve it.

We rated the practice as **requires improvement** for providing caring services because:

- the low satisfaction of patient feedback in regard to care received at the practice.

We rated the practice as **Inadequate** for providing responsive services because:

- There was limited evidence of complaints driving continuing improvement within the practice
- There were occasions where appointments were cancelled by the practice at short notice due to a lack of clinicians.
- There was no evidence to suggest services were planned in conjunction with other local services as the practice did not hold multidisciplinary team meetings for patients with additional needs.

We rated the practice as **Inadequate** for providing well-led services because:

- The delivery of high-quality care was not assured by the leadership, governance or culture in place
- There was a lack of systems for identifying, capturing and managing issues and risks.
- There was minimal engagement with people who use the services and staff.
- There was little innovation and evidence of continuous improvement

These areas affected all population groups so we rated all population groups as **Inadequate**.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Engage with the local population to improve uptake of immunisation and cancer screening.
- Monitor and improve patient satisfaction in relation to treatment received at the practice.
- Improve the uptake of annual reviews for patients with learning disabilities.

(Please see the specific details on action required at the end of this report).

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

# Overall summary

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** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

The inspection on the 6 February 2020 was carried out by a lead CQC inspector, a GP specialist advisor and a second CQC inspector. The inspection on the 13 February 2020 was carried out by a lead CQC inspector and a nurse specialist advisor.

## Background to St Thomas Road Surgery

St Thomas Road Surgery is registered with the Care Quality Commission (CQC) as a GP practice. The practice had a population of around 4,300 registered patients. The practice is located at 207 St Thomas Road, Derby, DE23 8RJ.

The surgery provides primary medical care services commissioned by NHS England and Derby and Derbyshires Clinical Commissioning Group (CCG) via an Alternative Provider Medical Services (APMS) contract.

St Thomas Road Surgery is registered with the CQC to provide the following regulated activities:

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

St Thomas Road Surgery is one of 12 registered locations managed and operated by One Medicare Ltd (the provider). These includes urgent care centres, GP practices and walk-in centres. The providers support and operations centre is based near Leeds in West Yorkshire.

St Thomas Road Surgery is situated near to the centre of Derby in an area of high deprivation classed as the highest level on the deprivation scale.

The surgery team is led by the clinical lead for the surgery who is a nurse practitioner, along with the practice manager. There was one salaried male GP, a practice nurse and an assistant practitioner. The surgery is supported by a team of administration and reception staff. The practice utilised locum GP and advanced nurse practitioners (ANP) to fill clinical roles.

The practices opening times was between 8am to 6.30pm Monday to Friday, however they offered extended hours appointments until 7.30pm on Mondays and Tuesdays and opened from 7.30am on Tuesdays. Patients could also access appointments at other local surgeries on weekdays between 6.30pm and 8pm and from 8am to 12noon on weekends via the primary care network hub.

The practice has a significantly higher proportion of patients aged 18 and below (21%) in comparison to local and national averages (11% and 12% respectively). It has a significantly lower proportion of patients aged 65 and above (4%) in comparison to local and national averages (19% and 21% respectively). The practice has an ethnically diverse patient group. The most recent census

figures identified 48.6% of the local population as identifying as White, 37.6% Asian, 5.9% Black, 4.3% Mixed Race and 3.6% Other race. A wide range of languages were spoken by patients attending the population.

When the practice was closed patients were asked to contact NHS 111 for out-of-hours healthcare services provided by DHU Health care C.I.C.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>We found that:</b></p> <ul style="list-style-type: none"><li>• Training records were not always available to assure that staff had completed the relevant training required.</li><li>• Infection prevention and control issues were not always identified and acted upon.</li><li>• The system for managing test results was did not always ensure patients received timely results</li><li>• The system for ensuring prescription security was not being followed.</li><li>• There were not multidisciplinary meetings for vulnerable patients and patients with complex needs.</li></ul>

This section is primarily information for the provider

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>We found:</b></p> <ul style="list-style-type: none"><li>• A lack of clinical governance and oversight in relation to clinical care of patients.</li><li>• A lack of assurance that medicines were being prescribed and reviewed appropriately.</li><li>• The system to ensure that the practice were acting on information and correspondence from other services was not operating effectively to ensure patients were receiving the correct treatment.</li><li>• There was a lack of systems to ensure patients taking high risk medicines were receiving the correct monitoring.</li><li>• The system for capturing and sharing learning from significant events was not effective.</li></ul>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	