

# Central Surgery

## Inspection report

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Essex

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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

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at Central Surgery on 4 March 2019, to check that improvements that had been identified at our inspection of 10 January 2018 had been sustained. At that time the practice was rated good overall with a rating of requires improvement for

safe services. This was because:

- Systems to assess, monitor and mitigate risks relating to the health, safety and welfare of the service user were not sufficient. Some nebulas and injection needles had expired.
- Systems relating to the maintenance of records kept in relation to persons employed in the carrying out of the regulated activity were not sufficient. Records of identity and professional registration checks were not consistently kept.

We found that these areas had been adequately addressed.

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 good overall.** We have rated safe, caring, responsive and well-led as good. We have also rated the population groups of older people, people whose circumstances make them vulnerable and people suffering from poor mental health as good.

At this inspection we found:

- 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 organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

**We have rated the practice as requires improvement for providing effective services.** This is because three population groups were rated as requires improvement and the ratings aggregated together mean that the effective domain is requires improvement overall. This was because;

- In the population group, patients with long term conditions, the practice had significantly lower than average performance in the majority of the diabetes indicators and higher than average exception reporting.
- In the population group, families, children and young people, Childhood immunisation uptake rates for children aged two were significantly lower than the World Health Organisation (WHO) targets.
- In the population group working age people, the percentage of women eligible for cervical cancer screening at a given point in time, who were screened adequately within a specified period was below the 80% target and below local and national averages.

The area where the practice **must** make improvement is:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

- Monitor the impact of staff training to improve the communication of reception staff.
- Equipment for dealing with clinical emergencies should be checked regularly, including the availability of spare pads for the defibrillator and the availability of a paediatric oximeter.
- Improve the data in relation to anti-biotic prescribing.
- Improve systems for recording consent

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Central Surgery

Central Surgery is situated in Westcliff on Sea in Southend on Sea in Essex. There is also a branch surgery in Thorpe Bay, Southend on Sea. Patients can attend either surgery for their appointments. We did not inspect the branch surgery as part of this inspection. The practice provides services to approximately 5,270 patients. The practice is commissioned by Southend Clinical Commissioning Group and the contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice is governed by an individual male GP. He is supported by a full-time female salaried GP and a

full-time male salaried GP. There is also an advanced nurse practitioner, and a healthcare assistant employed by the practice. Administrative support consists of a practice manager, reception, administrative and secretarial staff. Staff are deployed at both the main practice and the branch Thorpe Bay.

The practice provides services for a higher than national average number of over 65 year olds. Male life expectancy for patients at the practice is 78 years, which is a year less than the local and national averages.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The practice was not effectively monitoring some patients with long-term conditions, childhood immunisations were below local, national and World Health Organisation targets and patients at risk of cervical screening were not being screened in line with targets.</p> |