

Greenlands Surgery

Inspection report

Stirling Medical Centre
Stirling Street
Grimsby
DN31 3AE
Tel: 01472721637

Date of inspection visit: 19 May 2022
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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?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Greenlands Surgery on 16 and 19 May 2022. Overall, the practice is rated as good.

Set out the ratings for each key question

Safe - requires improvement

Effective - good

Caring - good

Responsive - good

Well-led - good

Why we carried out this inspection

This inspection was a comprehensive inspection. It was the first inspection since the registration of the new partnership in 2020.

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 inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- 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 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 have rated this practice as Requires Improvement overall

Overall summary

We found that:

- The practice had not always provided care in a way that kept patients safe and protected them from avoidable harm because recruitment policies were not always fully implemented and there were some gaps in aspects of the recording and management of medicines and risk.
- Patients received effective care and treatment that met their needs.
- Staff treated patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Data showed good levels of patient satisfaction with the service and no complaints had been received by either the practice or CQC.
- Appropriate standards of cleanliness and hygiene were met.
- The practice recognised the importance of their Patient Participation Group and acted on suggestions.
- The practice had a complaints policy and was open, honest and transparent when dealing with concerns and complaints.
- The way the practice was led and managed promoted the delivery of high-quality, person centred care. However, the governance and management systems did not always operate effectively, as concerns identified during the inspection had not been identified or resolved by the practice.

We found one breach of regulations. The provider **must**:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure records of staff interviews and contract and terms and conditions are completed and held in staff files.

Although not a breach of regulations, the provider **should**:

- Review and improve their processes to notify staff that a patient is a parent/ guardian of a child on the safeguarding register.
- Review and improve aspects of the medicines management systems in relation to prescription safety and maintenance of the cold chain process for storage of vaccines.
- Review and improve the recording of action taken towards risk management systems including the management of safety alerts.
- Apply to add the regulated activity of maternity and midwifery services to their registration with the CQC.

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 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, and a second CQC inspector who undertook a site visit.

Background to Greenlands Surgery

Greenlands Surgery is located in Grimsby at:

Stirling Medical Centre

Stirling Street

Grimsby

DN31 3AE

The practice has a branch surgery at:

New Waltham Surgery

Greenlands Avenue

New Waltham

Grimsby

DN36 4OG

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

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the North East Lincolnshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 2,916. This is part of a contract held with NHS England. The building is shared with two other GP practices.

The practice is part of a wider network of GP practices. The group of 15 practices is known as Panacea Primary Care Network (PCN) and serves a combined total of 47,000 patients. They work together to provide access to additional services such as a pharmacist, and First Contact physiotherapist.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three 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 1.5% Asian, 97% White, 0.3% Black, 0.8% Mixed, and 0.4% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of two GP partners (male and female) who provide cover at both practices. There is a practice nurse who provides nurse led clinics for long-term conditions at both surgeries and a health care assistant. The GPs are supported at the practice by a team of reception and administration staff. The practice manager provides managerial oversight.

The main surgery is open between 9.30 am to 5 pm Monday to Friday, with extended access on Wednesday evening to 6.30 pm. The branch surgery is open in the mornings between 8 am and 12.30 pm Mon- Fri and in the afternoons between 4pm and 6.30 pm on Monday, Tuesday, Thursday and Fridays. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are accessed by calling 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	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular</p> <ul style="list-style-type: none">• Full employment history, disclosure and barring checks and evidence of conduct in previous employment had not been obtained for all staff. <p>This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>