

Southdene Medical Centre

Inspection report

Front Street
Shotton Colliery
Durham
DH6 2LT
Tel: 01915265818

Date of inspection visit: 27 June & 3 August 2022
Date of publication: 30/08/2022

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?	Good 
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 focused inspection at Southdene Medical Centre on 27 June and 3 August 2022. Due to some concerns we then changed the inspection to a comprehensive inspection. Overall, the practice is rated as Requires improvement.

Set out the ratings for each key question

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires improvement

At our previous inspection of 24 November 2016, the practice was rated outstanding overall and for the key questions of safe, effective and well-led. They were rated as good for the key questions of caring and effective.

The full reports for previous inspections can be found by selecting the 'all reports' link for Southdene Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection as part of our direct monitoring intelligence system Band 1 sampling exercise. This exercise is looking at a percentage of band 1 locations in each sector with published statements on our website as part of our quality assurance process to monitor the effectiveness of our new monitoring approach. We need assurance that Good or Outstanding rated locations are still good or outstanding and that we were right to publish the public statement.

How we carried out the inspection/review

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 questionnaires, phone calls and 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

Overall summary

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

We found that:

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Patients mostly 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 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.
- The shortage of established GPs had an impact on the practice not being able to keep up to date with care plans, medication reviews and the reviewing of prescribing.

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

- Ensure care and treatment is provided in a safe way to patients. (See Requirement Notice Section at the end of this report for further detail).

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

- Implement a system to review historical patient safety alerts.
- Continue to review care plans for patients with poor mental health.

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 Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who conducted staff interviews using questionnaires, 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.

Background to Southdene Medical Centre

Southdene Medical Centre provides Primary Medical Services to the villages of Shotton Colliery, Haswell, the town of Peterlee and the surrounding areas from Southdene Medical Centre, Front Street, Shotton Colliery, County Durham, DH6 2LT. We visited this medical centre as part of our inspection.

There were two branch surgeries at Peterlee Health Centre and in the village of Haswell. Due to the pandemic, the practice told us the branch surgeries had been closed. The intention was to re-open them as soon this was possible.

Southdene Medical Centre provides services to approximately 3531 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) contract with NHS England.

The surgery is located in purpose-built premises, which have been extended over the years to accommodate the services provided. There is step free access at the front of the building and all patient facilities are located on the ground floor with full disabled access. There is a car park with disabled spaces available.

The practice is currently registered with the Commission as a joint partnership. One of the registered partners has been left the practice for a few years and had not been removed from the partnership and the other had recently given up their GMC registration and was no longer a registered GP but still a registered partner. The current lead GP was not yet registered with the Commission.

At the time of our inspection working at the practice was a full-time female lead GP, locum GPs, a nurse practitioner, practice nurse, a health care assistant who is also employed as an administrator, a practice manager, five administrative staff and one cleaner.

The practice is part of North East & North Cumbria Integrated Care Board. Information taken from Public Health England placed the area in which the practice was located in the first most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Southdene Medical Centre is open from 8am until 6pm Monday to Friday, with extended opening times provided by the practice most Tuesday, Wednesday and Friday mornings from 7:15am. Consulting times are broadly from 9am until 12noon or 1pm and then 3pm until 5pm.

Extended access is provided locally under a separate contract, at a local hub site, where late evening and weekend appointments are available from 6pm – 8pm weekdays and 8am – 1pm, weekends and Bank Holidays. This can be booked by 111 or by practices directly (via remote booking). There is an overflow hub 12 noon – 6pm weekdays for practices and NHS 111 who may be facing increased demand on specific days.

Out of hours services are provided by via the NHS 111 service.

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Some patients who received medication for high blood pressure were not receiving the correct monitoring and there was no protocol in place for the follow up of these patients.• Resourcing issues meant that the individual prescribing of antibacterial items and some high-risk medication were not being reviewed.• The practice were not following national guidance for patients with possible missed diagnosis of diabetes.• The correct clinical coding was not applied to some patients records, we found this in the case of safeguarding, pre-diabetics and patients with hypertension. The poor-quality coding of patient records meant that patient's needs were not always identified, and we could not be assured that patients were always given appropriate care and treatment.' <p>This was in breach of Regulation 12(1) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p>