

# Oakside Surgery

### **Inspection report**

**Guy Miles Way** Honicknowle Green Plymouth PL5 3PY Tel: 01752766000 www.oakside.gpsurgery.net

Date of inspection visit: 26 August 2021 Date of publication: 22/11/2021

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 Oakside Surgery on 26 August 2021. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Requires Improvement

Caring - Good

Responsive - Good

Well-led - Requires Improvement

Following our previous inspection on 12 May 2016, the practice was rated Good overall and Good for all key questions.

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

### 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
- · Staff Questionnaire's

#### **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 and requires improvement for all population groups.

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## Overall summary

We found that:

#### Safe

The service is now rated as requires improvement for providing safe services because:

- The provider did not have clear safeguarding processes in place to keep patients safe. Not all staff were up to date with the appropriate level of safeguarding training for their role and safeguarding meetings were currently not being held.
- Systems and processes relating to safety, including infection prevention and control and patient safety alerts, were not developed and implemented in a way that kept people safe.
- The practice did not have a system to learn and make improvements when things went wrong.
- Recruitment processes were not always safe.
- Medicines requiring refrigeration were not being stored safely.

#### **Effective**

The service is now rated as requires improvement for providing effective services because:

- Staff training was not effectively monitored and not all staff were up to date with mandatory training.
- Not all staff had received annual appraisals.
- Patient consent was not always recorded prior to receiving treatment.

#### Caring

The service is rated Good for providing caring services because:

- Staff treated 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 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.

### Responsive

The service is rated as Good for providing responsive services because:

• The practice was not able to demonstrate they had responded to complaints appropriately.

However:

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## Overall summary

- 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.

#### Well led

The service is now rated as requires improvement for providing well led services because:

• The provider did not have effective governance arrangements in place to identify and mitigate risks to staff and patients.

We found three breaches of regulations. The provider **must**:

- Ensure that care and treatment is provided in a safe way. (Please refer to the enforcement section at the end of the report for more detail.)
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the enforcement section at the end of the report for more detail.)
- Ensure staff receive the appropriate support, training, supervision and appraisal as necessary to enable them to carry out their duties. (Please refer to the enforcement section at the end of the report for more detail.)

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

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

### Our inspection team

Our inspection team was led by a CQC 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.

### Background to Oakside Surgery

Oakside Surgery is located in Plymouth at:

Honicknowle Green Medical Centre

Guy Miles Way

Honicknowle

Plymouth

PL5 3PY

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated on the outskirts of the city of Plymouth. The practice provides a general medical service to approximately 7000 patients. There is a team of two partners, with one being a male GP. The GP is supported by a female salaried GP and locum GPs. The GPs are supported by a business partner, a practice manager, two nurse practitioners, two paramedics, two primary care clinicians, two healthcare assistants and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors.

The practice is situated within the Devon Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 7,000. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices within Plymouth and works with the Sound primary care network.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations following triage. If the GP needs to see a patient face-to-face then appointments were available on the day.

Out of hours services are provided by Devon doctors.

## 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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	Processes to ensure staff receive the appropriate support,
Maternity and midwifery services	training, supervision and appraisal as is necessary to enable them to carry out their duties.
Surgical procedures	We found:
Treatment of disease, disorder or injury	Not all staff had received an induction.
	Mandatory training had not been carried out.
	Annual appraisals had not been completed.
	This was in breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures  Maternity and midwifery services  Surgical procedures  Treatment of disease, disorder or injury	<ul> <li>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</li> <li>Processes were not established to ensure patients affected by Medicines and Healthcare products Regulatory Agency (MHRA) alerts, were routinely reviewed.</li> <li>We found that you were unable to provide reassurance that you have arrangements in place to take appropriate action if there was a clinical emergency requiring Basic Life Support (BLS).</li> <li>Medicines requiring refrigeration were not monitored and stored safely.</li> <li>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</li> </ul>

## 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 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes in regard of governance arrangements were not effectively established or operated to ensure an effective oversight of the practice was maintained and services for patients were improved.

Systems or processes in regard of risks to patients were not assessed or monitored to help improve the quality and safety of the services provided, Areas of concern included; a poor oversight of infection prevention, fire prevention and health and safety control; poor audits; a lack of relevant information sharing following significant events and complaints; and poor dissemination of national guidance, updates and guidelines including national patient safety alerts.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.