

Woodside Surgery

Inspection report

High Street
Loftus
Saltburn By The Sea
TS13 4HW
Tel: 01287640385
www.woodsidesurgery.co.uk

Date of inspection visit: 25 May 2021
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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

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 inspection at Woodside Surgery on 25 May 2021. Overall, the practice is rated as Requires Improvement.

The ratings for each key question are:

- Safe - Requires Improvement
- Effective - Good
- Caring - Good
- Responsive - Good
- Well-led - Requires Improvement

Following our previous inspection on 24 September 2020, the practice was rated as Inadequate overall and for the key questions of providing safe, and well-led care, but requires improvement for providing effective, caring and responsive services. We placed the practice into special measures and applied urgent conditions to the provider's registration:

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

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- The key questions of Safe, Effective, Caring, Responsive, and Well-led.
- Breaches of regulations and 'shoulds' identified in previous inspection.
- Section 31 conditions applied to the provider's registration.

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 and questionnaires.
- 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

Overall summary

- 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 for the key questions of are services safe, and well-led. With the exception of the population group 'older people' in the effective key question, all of the population groups in the effective key question and the responsive key question have been rated as Good. The key questions of; are services effective, caring and responsive have been rated as good.

We found that:

- The provider had complied with the conditions imposed by the Care Quality Commission.
- There were a number of policies and procedures that needed to be developed and embedded to support practice. Systems to safeguard vulnerable adults needed to be improved. The management and optimisation of medicines within the practice had improved since the last inspection, but further embedding and development of new processes was needed to ensure the overarching governance of medicines. Clinical coding of records had improved which contributed to effective searches of records and an improved culture of safety.
- Clinical coding had significantly improved at the practice which led to better outcomes for patients in all these population groups. There was an increase in quality improvement activity. Effective care for patients with diabetes and high blood pressure needed to be improved further. Arrangements for end of life care and 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) needed some further improvement too.
- Most 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.
- Systems for good governance were beginning to emerge and, in some cases, becoming embedded in practice. For example, systems to identify, manage and mitigate risks were in place and being actively used to monitor safety. This meant that the provider was developing a wider oversight of the running of the practice, which could contribute to improved care and treatment for patients. Some staff told us they did not always feel comfortable, or confident about the outcome, of raising concerns. Others told us there was a high level of support for this process.

We have now removed the conditions from the provider's registration.

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

- Safeguard service users from abuse and improper treatment

However, the provider **should**:

- Continue to monitor the competence of all clinicians at Woodside Surgery, engage in clinical supervision, prescribing supervision, one-to-ones and documented peer discussion.
- Continue to audit consultation documentation to ensure appropriate clinical decisions are made, based on the information acquired, including referral, with a recording of the working diagnosis.
- Continue to monitor Medicines and Healthcare products Regulatory Agency /Central Alerting System/ drug safety update alerts using its comprehensive search system that is run every month to contribute to safe systems.
- Continue to ensure that appropriate reviews and monitoring are carried out for all patients when prescribing high risk medicines and other medicines that require monitoring at Woodside Surgery.
- Review and update their infection prevention and control policies in line with the latest guidance and to reflect practices in place within the service

Overall summary

We have taken the service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

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 CQC National Professional Advisor (a GP) who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Woodside Surgery

Woodside Surgery is located at High Street, Loftus, TS13 4HW. Loftus is a semi-rural small coastal town with a deprivation decile score of two. (On a scale of one to ten, one is the most deprived and ten is the least deprived). The practice is in a modern purpose-built health centre, and is based on the ground floor. Parking is available, and the practice is close to a full range of amenities and public transport. The practice offers services from a single site, in Loftus.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated within the Tees Valley Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 6381. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, the East Cleveland Group primary care network (PCN). PCNs are partnerships of practices working together and with other local health and care providers.

The clinical team at the practice is led by two male General Practitioners (GPs), who are the partners and one female salaried GP and one male salaried GP. In addition to the GPs there is a nurse practitioner and three practice nurses, as well as a healthcare assistant. There is a practice manager and a team of administrators, receptionists and secretaries.

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. If the GP needs to see a patient face-to-face then the patient is offered a pre-arranged appointment.

Extended access and out of hours services are provided locally by ELM Alliance federation, where late evening and weekend appointments are available.

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Surgical procedures	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Family planning services	How the regulation was not being met: The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular: <ul style="list-style-type: none">• There were systems in place for the safeguarding of children and vulnerable adults, but they were not always up-to-date or followed in all circumstances.• There was a lack of joined-up discussions about whether safeguarding referrals should be made.
Maternity and midwifery services	This was in breach of Regulation 13(1)&(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.