

Crusader Surgery

Inspection report

Unit 5, 7-8
Crusader Business Park, Stephenson Road West
Clacton On Sea
CO15 4TN
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www.crusadersurgery.com

Date of inspection visit: 01 March 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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at Crusader Surgery on 1 March 2022. Overall, the practice is rated as requires improvement

The ratings for each key question are:

Safe - Requires Improvement

Effective – Requires Improvement

Caring – Good

Responsive – Requires Improvement

Well-led - Inadequate

Following our previous inspection on 03 March 2017, the practice was rated Good overall and for all key questions:

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

Why we carried out this inspection

This was a comprehensive inspection undertaken to follow-up on:

- Concerns raised following a quality visit by the local clinical commissioning group. They found issues relating to a lack of effective systems, processes, appointments and access to the practice via the telephone.

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
- Evidence sent following the site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 requires improvement overall

We found that:

- Safeguarding systems were effective. Staff had been appropriately trained.
- There was a lack of information available to support reception staff to identify patients with the signs of sepsis or in deteriorating health.
- Controlled drug systems required strengthening to ensure prescribing processes kept people safe.
- There were appropriate standards of cleanliness and hygiene.
- Health and safety risk assessments did not reflect the actions taken to improve.
- Patients taking high-risk medicines were not being reviewed effectively. Patient safety alerts were not always being actioned in a timely manner.
- Some patients with long-term conditions had not been reviewed effectively. Clinically vulnerable patients had not been effectively identified and prioritised for care during the COVID-19 pandemic.
- There was no quality improvement programme, including clinical audit.
- Staff treated patients with kindness and respect.
- Patient satisfaction with phone access and appointments was low. A new phone system had been purchased and additional staff employed to achieve improvements.
- The system for managing complaints was not effective.
- The practice did not have a clear vision, strategy or succession plan.
- Governance systems to manage risk, performance and quality and sustainability were not effective.
- The leadership at the practice was not effective.

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

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

The provider **should**:

- Continue to provide information to staff to support them with the identification of patients with suspected sepsis or deteriorating illness.
- Undertake a review of controlled drug prescribing to ensure that guidelines are being followed.
- Continue to improve the system for acting on patient safety alerts.
- Record the learning and action taken from the analysis of significant events.
- Continue to improve childhood immunisation and cervical screening uptake.
- Complete the audit of the number of unplanned admissions and readmissions to A&E and act on any findings.
- Continue to improve patient satisfaction with access to the practice, including appointments, and make improvements where required.
- Develop a system for involving staff and patients to provide feedback about the services provided.
- Improve the leadership at the practice and provide a vision, strategy and monitor progress.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

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.

Background to Crusader Surgery

Crusader Surgery is located North of Clacton-on-Sea at:

Unit 5, 7-8 Crusader Business Park,

Stephenson Road West

Clacton On Sea

Essex

CO15 4TN

The practice has a branch surgery at:

17 North Road

Clacton on Sea

Essex

CO15 4DA

We visited both locations as part of this inspection.

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. These are delivered from both sites.

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 Essex Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 11,400. This is part of a contract held with NHS England.

The practice is part of a wider network of three GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two 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% Asian, 97.5% White, 0.3% Black, 0.2% Mixed, and 3% Other.

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

There is a team of five GPs who provide cover at both practices. The practice has a team of six nurses who provide a range of services including nurse led clinics for long-term conditions at both the main and the branch location. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

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 are telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Pre-bookable appointments are available to all patients at additional locations within the area, as the practice is a member of a primary care network. Appointments are available Saturday 9am to 1pm and Sunday 9am to 11am. Out of hours services are provided by 111 outside normal practice core hours.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>Specifically:</p> <ul style="list-style-type: none">• There was a lack of a quality improvement process, including clinical audit, to identify where services could be improved.• Health and Safety risk assessments were incomplete and did not identify actions required or taken to improve.• The complaints process was not effective. This included a lack of detailed investigation, outcomes and learning to improve services.• The system to monitor and review patients taking high-risk medicines was not effective. Reviews were not being undertaken in line with guidance and risks to patients were not being identified.• The system to monitor and review patients with long-term conditions or who were clinically vulnerable was not effective.• The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.• This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.