Dr Summers & Zaman

Inspection report

Coatham Health Village
Coatham Road
Redcar
Cleveland
TS10 1SR
Website http://coathamsurgery.co.uk/

Date of inspection visit: 26 June 2019
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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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

We carried out an announced comprehensive follow-up inspection at Drs Summers & Zaman (known as The Coatham Surgery) on 26 June 2019 as part of our inspection programme.

We undertook an inspection of this service as a 12-months comprehensive follow-up to our May 2018 findings. At our May 2018 inspection (report published July 2018) we rated the location as Requires Improvement overall. The link to these July 2018 reports is

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 now rated this practice as inadequate overall.

At our May 2018 inspection we rated the practice as requires improvement because; recruitment checks were not in line with practice policy, the process for recording significant events was ineffective, Patient Group Directions were out of date and there were poor arrangements for recording safeguarding referrals.

We have now rated the practice as **inadequate** for providing **safe** services because:

- The practice did not have clear systems and processes to keep patients safe.
- Receptionists had not been given sufficient guidance on identifying deteriorating or acutely unwell patients. They were not aware of actions to take in respect of such patients.
- The practice did not have appropriate systems in place for timely reviews of medicines.
- The practice did not learn and make improvements when things went wrong.
- The arrangements in respect of infection prevention and control needed improving.

At our May 2018 inspection we rated the practice as good for providing effective and responsive services.

We have now rated the practice as **requires improvement** for providing **effective** and **responsive** services because:

- There was limited monitoring of the outcomes of care and treatment.
- The way the practice organised and delivered services did not always meet patients' needs. Patients could not always access care and treatment in a timely way.

These areas affected all population groups so we have now rated all **population groups** as **requires improvement.**

At our May 2018 inspection we rated the practice as good for providing caring services.

We have now rated the practice as **requires improvement** for providing **caring** services because:

- There were poor results in some areas of the national GP patient survey.
- The practice has not engaged sufficiently with patients (for example through a patient participation group).

At our May 2018 inspection we rated the practice as requires improvement for providing well led services. This was because; The provider's incident reporting system was not robust or effective enough, Staff appraisals were overdue, audit and quality improvement activity we viewed was not adequate, and safeguarding activity was not well communicated between practice individuals and was not always discussed with the practice's safeguarding lead.

We have now rated the practice as **inadequate** for providing **well-led** services because:

- While the practice had made some improvements to incident recording since our inspection in May 2018, it had not appropriately addressed; analysis, root cause, appropriate action, and learning and dissemination of these events.
- The monitoring and recording of emergency equipment was not adequate.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- Information was not acted on in a timely way.

Overall summary

- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve. 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 lead inspector. The team included a GP specialist advisor, and a GP specialist advisor who was shadowing the team.

Background to Dr Summers & Zaman

Dr Summers & Zaman, known as The Coatham Surgery, is situated in the town centre of Redcar, Teesside, TS10 1SR, and provides services under a General Medical Services (GMS) contract with South Tees Clinical Commissioning Group (CCG) and NHS England, to the practice population of 7404, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is higher than the England average. The practice scored four on the deprivation measurement scale which goes from one to ten, one being the lowest decile. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is higher than the England average.

The practice has two GP partners, who are both male, and a female salaried GP. The practice has gone through a period of immense staffing changes, with five partners and two nurse practitioners having left in the past five years. There is a practice manager and four practice nurses. The practice has an office manager and a team of secretarial, administration and reception staff.

When the practice is closed patients use the NHS 111 service to contact the OOHs provider. The Out of Hours service is provided by ELM Alliance Limited and is known locally as the Star Service. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The practice is open between 8.00am to 6.00pm Monday to Friday. Appointments are from 8.00am to 5.50pm daily. The provider is registered for; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, and surgical procedures as its regulated activities.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment **How the regulation was not being met:** Care and treatment must be provided in a safe way for service users. In particular we found: The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of emergency equipment. Ten items of single-use equipment, for use in an emergency, were eight to ten months, or in one instance, two years past their expiry date and three of these items had been previously opened but not discarded. There had been no fire evacuation training. Infection prevention and control arrangements were not adequate. Reviews for repeat medications were not being recorded as having taken place. There had been no provision for training/ knowledge checks for non-clinical staff, in relation to recognition of emergencies – specifically sepsis. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

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. In particular we found:

Significant events and incidents, as well as complaints, were not sufficiently investigated and analysed (indicating themes, trends and root causes) which could have prevented repeated incidents occurring.

Some policies and procedures that staff could access were out of date, or lacking sufficient detail to effectively support practice.

There was a lack of understanding among leaders about how systems and processes operated.

There was evidence that mandatory training was not up-to-date for all staff.

There was no system to record actions taken in response to recent safety alerts.

We saw delays in the way some information was processed and acted upon.

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